| Fill in this information to identify your case                  |   |                              |
|---|---|------------------------------|
| United States Bankruptcy Court for the:  District Of New Jersey |   |                              |
| Case number (If known):   | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | ☐ Check if this amended fili |

#### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

|  | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): |
|--|--|---|
| 1. Your full name  |  |   |
| Write the name that is on your government-issued picture identification (for example, your driver's license or | Catherine<br>First name                        | First name                                    |
| passport).   | Middle name                                    | Middle name                                   |
| Bring your picture   | Maldonado                                      |   |
| identification to your meeting with the trustee.   | Last name                                      | Last name                                     |
|  | Suffix (Sr., Jr., II, III)                     | Suffix (Sr., Jr., II, III)                    |
| All other names you     have used in the last 8  | First name                                     | First name                                    |
| years  | riistriame                                     | Filst fiditie                                 |
| Include your married or maiden names.  | Middle name                                    | Middle name                                   |
|  | Last name                                      | Last name                                     |
|  | First name                                     | First name                                    |
|  | Middle name                                    | Middle name                                   |
|  | Last name                                      | Last name                                     |
|  |  |   |
| 3. Only the last 4 digits of your Social Security  | xxx - xx - <u>6</u> <u>7</u> <u>0</u> <u>7</u> | xxx - xx                                      |
| number or federal  | OR   | OR  |
| Individual Taxpayer<br>Identification number<br>(ITIN)   | 9 xx - xx                                      | 9 xx - xx                                     |

| Debtor 1 | Catherine Maldonado |             |  |
|----------|---------------------|-------------|--|
|          | First Name          | Middle Name |  |

Last Name

Case number (if known)\_

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names<br>and Employer<br>Identification Numbers<br>(EIN) you have used in | ☑ I have not used any business names or EINs.   | ☐ I have not used any business names or EINs.  |
|    | the last 8 years   | Business name   | Business name  |
|    | Include trade names and doing business as names  | Business name   | Business name  |
|    |  | EIN   | EIN  |
|    |  | EIN   | EIN  |
| 5. | Where you live   |   | If Debtor 2 lives at a different address:  |
|    |  | 1042 N.42nd Street  |  |
|    |  | Number Street   | Number Street  |
|    |  |   |  |
|    |  | Camden         NJ         08105           City         State         ZIP Code   | City State ZIP Code  |
|    |  | CAMDEN  |  |
|    |  | County  | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | Number Street   | Number Street  |
|    |  | P.O. Box  | P.O. Box   |
|    |  | City State ZIP Code   | City State ZIP Code  |
| 6. | Why you are choosing   | Check one:  | Check one:   |
|    | this district to file for bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|    |  | I have another reason. Explain. (See 28 U.S.C. § 1408.)   | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    |  |   |  |
|    |  |   |  |
|    |  |   |  |

| - | h | to | 1 |
|---|---|----|---|
|   |   |    |   |

Catherine Maldonado

rst Name Middle Name

Case number (if known)\_\_\_\_\_

|  | 9  |
|--|----|
|  | 74 |

#### **Tell the Court About Your Bankruptcy Case**

Last Name

| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |   | rupicy (Foter 7<br>oter 11<br>oter 12  | a brief description of each, see<br>Form 2010)). Also, go to the top   |   |  | U.S.C. § 342(b) for Individuals Filing e appropriate box.   |
|-----|---|---|--|--|---|--|---|
| 8.  | How you will pay the fee  | local yours subn with  I nee Appl  I req By la less pay t | court for self, you have a pre-part to particular to particular to particular the work a just than 15 he fee | or more details about how you may pay with cash, cashie rour payment on your behalf rinted address.  The second of the second of the second of the second of the official poverty limited and the second of the official poverty limited and the second of the official poverty limited to the second of t | ou mer's cl<br>f, you<br>If you<br>may<br>I to, whe that<br>se th | ay pay. Typically heck, or money for attorney may pure choose this operated by the control of th | order. If your attorney is pay with a credit card or check tion, sign and attach the ents (Official Form 103A).  on only if you are filing for Chapter 7. and may do so only if your income is a family size and you are unable to ust fill out the Application to Have the |
| 9.  | Have you filed for bankruptcy within the last 8 years?  | ☑ No ☐ Yes.   | District   | V  | Vhen  | MM / DD / YYYY   | Case number  Case number  Case number   |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☑ No ☐ Yes.   | District  Debtor   | v  | Vhen  | MM / DD / YYYY   | Relationship to you  Case number, if known  Relationship to you  Case number, if known  |
| 11. | Do you rent your residence?   | ☐ No.<br>☑ Yes.   | No.     Yes  | ur landlord obtained an eviction Go to line 12.  |   |  | Against You (Form 101A) and file it as  |

| Debtor 1 | Cather |
|----------|--------|
|          |        |

rine Maldonado

Last Name

| Case number (if known) |  |
|------------------------|--|
|------------------------|--|

| . Are you a sole proprietor   | ĭ No. | Go to Part 4.  |                             |               |          |          |
|---|-------|--|-----------------------------|---------------|----------|----------|
| of any full- or part-time business?   | ☐ Yes | . Name and location of bu  | siness                      |               |          |          |
| A sole proprietorship is a business you operate as an   |       |  |                             |               |          |          |
| individual, and is not a separate legal entity such as  |       | Name of business, if any   |                             |               |          |          |
| a corporation, partnership, or LLC.   |       | Number Street  |                             |               |          |          |
| If you have more than one sole proprietorship, use a separate sheet and attach it   |       |  |                             |               |          |          |
| to this petition.   |       | City   |                             | State         | ZIP Code |          |
|   |       | Check the appropriate be   | ox to describe your busine  | ess:          |          |          |
|   |       | ☐ Health Care Busines  | s (as defined in 11 U.S.C.  | § 101(27A))   |          |          |
|   |       | ☐ Single Asset Real Es   | state (as defined in 11 U.S | .C. § 101(51B | ))       |          |
|   |       | ☐ Stockbroker (as defin  | ned in 11 U.S.C. § 101(53   | A))           |          |          |
|   |       | ☐ Commodity Broker (a  | as defined in 11 U.S.C. §   | 101(6))       |          |          |
|   |       | ■ None of the above  |                             |               |          |          |
| 11 U.S.C. § 101(51D).  art 4: Report if You Own   |       | the Bankruptcy Code.  I am filing under Chapter Bankruptcy Code.  Any Hazardous Proportion |                             |               | •        |          |
| Do you own or have any  | ĭ No  |  |                             |               |          |          |
| property that poses or is alleged to pose a threat  | ☐ Yes | . What is the hazard?  |                             |               |          |          |
| of imminent and   |       |  |                             |               |          |          |
| of imminent and   |       |  |                             |               |          |          |
| of imminent and identifiable hazard to public health or safety?   |       |  |                             |               |          |          |
| of imminent and identifiable hazard to  |       | If immediate attention is  | s needed, why is it needed  | d?            |          |          |
| of imminent and identifiable hazard to public health or safety? Or do you own any property that needs   |       | If immediate attention is  | s needed, why is it needed  | d?            |          |          |
| of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building |       | If immediate attention is Where is the property?   |                             | d?            |          |          |
| of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building |       |  |                             | d?            |          |          |
| of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building |       |  |                             | d?            |          |          |
| of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building |       |  |                             | d?            | State    | ZIP Code |

#### Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

Last Name

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| A 1. |     | <b>n</b> - | 1.4. |      |    |
|------|-----|------------|------|------|----|
| Ab   | out | De         | ord  | )r ' | 1: |

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing | about |
|---|-------|
| credit counseling because of:           |       |

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

| I received a briefing from an approved credit    |
|--|
| counseling agency within the 180 days before     |
| filed this bankruptcy petition, and I received a |
| certificate of completion.                       |

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing a | bout |
|---|------|
| credit counseling because of:             |      |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| г | ` | _ | ١. | ٠. | ır | 4 |
|---|---|---|----|----|----|---|
|   | ) | ρ | n  | rc | ١r | 7 |

Catherine Maldonado
First Name Middle Name

|           | <br> |  |  |
|-----------|------|--|--|
| Last Name |      |  |  |

| Case number (if known) |  |
|------------------------|--|
|------------------------|--|

| Pa  | art 6: Answer These Ques  | tions for Reporting Purposes  |   |   |  |  |  |
|-----|---|---|---|---|--|--|--|
| 16. | What kind of debts do you have?   |   | consumer debts? Consumer debts marily for a personal, family, or house  |   |  |  |  |
|     | you nave:   | <ul><li>No. Go to line 16b.</li><li>Xi Yes. Go to line 17.</li></ul>                  |   |   |  |  |  |
|     |   |   | <b>Dusiness debts?</b> Business debts a ment or through the operation of the b                                    |   |  |  |  |
|     |   | <ul><li>□ No. Go to line 16c.</li><li>□ Yes. Go to line 17.</li></ul>                 |   |   |  |  |  |
|     |   | 16c. State the type of debts you owe  | e that are not consumer debts or busin  | ness debts.   |  |  |  |
| 17. | Are you filing under Chapter 7?   | ☐ No. I am not filing under Chapte  | er 7. Go to line 18.  |   |  |  |  |
|     | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing under Chapter 7. administrative expenses are  No  Yes                | Do you estimate that after any exeme paid that funds will be available to d                                       | ot property is excluded and istribute to unsecured creditors?   |  |  |  |
| 18. | How many creditors do you estimate that you owe?  | <ul><li>№ 1-49</li><li>№ 50-99</li><li>№ 100-199</li></ul>                            | ☐ 1,000-5,000<br>☐ 5,001-10,000<br>☐ 10,001-25,000  | 25,001-50,000<br>50,001-100,000<br>More than 100,000  |  |  |  |
| 19. | How much do you estimate your assets to be worth?   |   | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million         | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |  |
|     | How much do you estimate your liabilities to be?  art 7: Sign Below   | \$0-\$50,000     \$50,001-\$100,000     \$100,001-\$500,000     \$500,001-\$1 million | □ \$1,000,001-\$10 million □ \$10,000,001-\$50 million □ \$50,000,001-\$100 million □ \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |  |  |  |
| Let | Sign Below  | L have examined this netition, and L  | declare under penalty of perjury that t   | he information provided is true and   |  |  |  |
| Fo  | or you  | correct.  | account direct perions of perjory that t  | ne information provided to trac and   |  |  |  |
|     |   |   | er 7, I am aware that I may proceed, if lerstand the relief available under eac                                   | eligible, under Chapter 7, 11,12, or 13<br>h chapter, and I choose to proceed                               |  |  |  |
|     |   |   | id not pay or agree to pay someone wread the notice required by 11 U.S.C.   | ho is not an attorney to help me fill out § 342(b).   |  |  |  |
|     |   | I request relief in accordance with th  | e chapter of title 11, United States Co   | ode, specified in this petition.  |  |  |  |
|     |   |   | fines up to \$250,000, or imprisonmer   | money or property by fraud in connection<br>tt for up to 20 years, or both.                                 |  |  |  |
|     |   | /s/ Catherine Maldonado   | X Simple up   | of Debter 2   |  |  |  |
|     |   | Signature of Debtor 1   | Signature   | of Debtor 2   |  |  |  |
|     |   | Executed on 08/28/2018 MM / DD / YYYY   | Executed  | on  |  |  |  |

| Debtor 1 | Catherine | Maldonade |
|----------|-----------|-----------|
|          |           |           |

First Name

Middle Name

Last Name

Case number (if known)\_\_\_\_\_

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Ned Mazer                       | Date          | 08/28/2018             |
|-------------------------------------|---------------|------------------------|
| Signature of Attorney for Debtor    |               | MM / DD /YYYY          |
| Ned Mazer                           |               |                        |
| Printed name                        |               |                        |
| Ned Mazer, Esq.<br>Firm name        |               |                        |
| 31 Station Avenue  Number Street    |               |                        |
| Somerdale                           | NJ            | 08083                  |
| City                                | State         | ZIP Code               |
| Contact phone <u>(856)</u> 346-9393 | Email address | nmazer9393@comcast.net |
| 2862                                | NJ            |                        |
| Bar number                          | State         | -                      |

| Fill in this information to identify your case and this filing: |                           |                 |           |   |  |  |  |
|---|---------------------------|-----------------|-----------|---|--|--|--|
| Debtor 1  | Catherine                 |                 | Maldonado |   |  |  |  |
|   | First Name                | Middle Name     | Last Name |   |  |  |  |
| Debtor 2  |                           |                 |           | _ |  |  |  |
| (Spouse, if filing  | ) First Name              | Middle Name     | Last Name |   |  |  |  |
| United States   | Bankruptcy Court for the: | District of New | Jersey    |   |  |  |  |
| Case number   |                           |                 |           |   |  |  |  |
|   |                           |                 |           |   |  |  |  |
|   |                           |                 |           |   |  |  |  |

## Official Form 106A/B

## Schedule A/B: Property

12/15

☐ Check if this is an amended filing

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| Υe         | es. Where is the property?  | What is the property? Check all that apply.   | Do not deduct secured cla  | aims or exemptions. P   |
|------------|---|---|--|---|
| .1.        | Street address, if available, or other description  | ☐ Single-family home ☐ Duplex or multi-unit building  | the amount of any secured claims on Schedule D<br>Creditors Who Have Claims Secured by Property  |   |
|            | Siteet address, if available, or other description  | ☐ Condominium or cooperative ☐ Manufactured or mobile home  | Current value of the entire property?  | Current value of portion you own  |
|            |   | Land  | \$   | \$  |
|            | City State ZIP Code   | ☐ Investment property ☐ Timeshare ☐ Other   | Describe the nature of your ownersh interest (such as fee simple, tenancy the entireties, or a life estate), if known  |   |
|            |   | Who has an interest in the property? Check one.   |  |   |
|            | County  | ☐ Debtor 1 only  ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only   | ☐ Check if this is co  | ommunity property   |
|            |   |   | (see instructions)   |   |
|            |   | At least one of the debtors and another   | (see instructions)   |   |
|            |   |   | em, such as local  |   |
| /ou        | own or have more than one, list here:   | At least one of the debtors and another  Other information you wish to add about this ite property identification number:   | em, such as local  |   |
| /ou<br>.2. |   | ☐ At least one of the debtors and another  Other information you wish to add about this ite property identification number:  What is the property? Check all that apply.  ☐ Single-family home  | em, such as local  | d claims on Schedule  |
|            | own or have more than one, list here:  Street address, if available, or other description | At least one of the debtors and another  Other information you wish to add about this ite property identification number:  What is the property? Check all that apply.  | Do not deduct secured cla  | d claims on Schedule<br>ms Secured by Prope   |
|            |   | □ At least one of the debtors and another  Other information you wish to add about this ite property identification number:  What is the property? Check all that apply.  □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land  | Do not deduct secured class the amount of any secure Creditors Who Have Claim  | d claims on Schedule ms Secured by Prope  Current value o   |
|            |   | □ At least one of the debtors and another  Other information you wish to add about this ite property identification number:  What is the property? Check all that apply.  □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other □ Use the debtors and another and about this item property □ Timeshare □ Other □ Use the debtors and another and another and another and about this item property and another anot | Do not deduct secured class the amount of any secure Creditors Who Have Claim  | d claims on Schedule ms Secured by Prope  Current value of portion you own  \$  of your ownership simple, tenancy k                   |
|            | Street address, if available, or other description  | □ At least one of the debtors and another  Other information you wish to add about this ite property identification number:  What is the property? Check all that apply.  □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other  Who has an interest in the property? Check one.   | Do not deduct secured class the amount of any secure Creditors Who Have Claim  Current value of the entire property?  \$  Describe the nature of interest (such as fee | d claims on Schedule ms Secured by Prope  Current value or portion you own  \$  of your ownership simple, tenancy be                  |
|            | Street address, if available, or other description  City State ZIP Code                   | □ At least one of the debtors and another  Other information you wish to add about this ite property identification number:  What is the property? Check all that apply.  □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other □ Who has an interest in the property? Check one. □ Debtor 1 only  | Do not deduct secured class the amount of any secure Creditors Who Have Claim  Current value of the entire property?  \$  Describe the nature of interest (such as fee | d claims on Schedule ms Secured by Prope  Current value of portion you own  \$  of your ownership simple, tenancy k                   |
|            | Street address, if available, or other description  | □ At least one of the debtors and another  Other information you wish to add about this ite property identification number:  What is the property? Check all that apply.  □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other  Who has an interest in the property? Check one.   | Do not deduct secured class the amount of any secure Creditors Who Have Claim  Current value of the entire property?  \$  Describe the nature of interest (such as fee | d claims on Schedule ms Secured by Prope  Current value of portion you owr  \$  of your ownership simple, tenancy keestate), if known |

|   | Catherine  |  | onado Case number (#   | f known)   |   |
|---|--|--|--|--|---|
|   | First Name Middle  | Name Last Name   |  |  |   |
| 1.3.  |  |  | What is the property? Check all that apply.  ☐ Single-family home  | Do not deduct secured cla<br>the amount of any secure-<br>Creditors Who Have Clair   | d claims on Schedule D:   |
|   | Street address, if available   | e, or other description  | Duplex or multi-unit building Condominium or cooperative   | Current value of the entire property?  | Current value of the portion you own?   |
|   |  |  | ☐ Manufactured or mobile home☐ Land☐ ☐   | \$   | \$  |
|   | City   | State ZIP Code   | ☐ Investment property ☐ Timeshare ☐ Other  | Describe the nature of interest (such as fee the entireties, or a life   | simple, tenancy by  |
|   |  |  | Who has an interest in the property? Check one.  |  |   |
|   | County   |  | ☐ Debtor 1 only ☐ Debtor 2 only  |  |   |
|   |  |  | Debtor 1 and Debtor 2 only   | ☐ Check if this is co  | mmunity property  |
|   |  |  | ☐ At least one of the debtors and another  | (see instructions)   |   |
|   |  |  | Other information you wish to add about this it property identification number:  |  |   |
|   |  |  |  |  | _   |
| 2. Add t  | he dollar value of the p   | oortion you own for a  | all of your entries from Part 1, including any entrie  | es for pages   | \$  |
| you l   | nave attached for Part   | 1. Write that number   | here.  | →  |   |
|   | <b>Describe Your \</b> own, lease, or have leg   |  | est in any vehicles, whether they are registered or  | · <b>not</b> ? Include any vehicle:  | 5   |
| you own   | own, lease, or have leg<br>that someone else drive<br>, vans, trucks, tractors,  | al or equitable intere   | le, also report it on Schedule G: Executory Contracts  |  | 5   |
| Do you oyou own  3. Cars  \[ \begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | own, lease, or have leg<br>that someone else drive<br>, vans, trucks, tractors,<br>lo<br>es  | al or equitable intere<br>es. If you lease a vehic<br>, sport utility vehicles                     | le, also report it on Schedule G: Executory Contracts  | s and Unexpired Leases.  |   |
| Do you oyou own  3. Cars  | own, lease, or have leg<br>that someone else drive<br>, vans, trucks, tractors,  | al or equitable intere   | who has an interest in the property? Check one.  |  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i>   |
| Do you oyou own  3. Cars  \[ \begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | own, lease, or have leg<br>that someone else drive<br>, vans, trucks, tractors,<br>to<br>es<br>Make:   | al or equitable intere ss. If you lease a vehic sport utility vehicles Acura                       | le, also report it on Schedule G: Executory Contracts s, motorcycles  Who has an interest in the property? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only   | Do not deduct secured clathe amount of any secure  | aims or exemptions. Put<br>d claims on <i>Schedule D:</i>   |
| Do you oyou own  3. Cars  \[ \begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | bwn, lease, or have leg<br>that someone else drive<br>, vans, trucks, tractors,<br>lo<br>es<br>Make:<br>Model:<br>Year:<br>Approximate mileage:  | al or equitable intere es. If you lease a vehic s, sport utility vehicles Acura CL                 | who has an interest in the property? Check one.  | Do not deduct secured clathe amount of any secure Creditors Who Have Clair   | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ns Secured by Property.  |
| Do you oyou own  3. Cars  \[ \begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | own, lease, or have leg that someone else drive , vans, trucks, tractors, lo es Make:  Model: Year:  | al or equitable intereses. If you lease a vehices, sport utility vehicles  Acura CL 1999           | who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the   | aims or exemptions. Put<br>d claims on <i>Schedule D:</i><br>ns Secured by Property.<br><b>Current value of the</b>   |
| Do you oyou own  3. Cars.  N  X  Y  3.1.  | bwn, lease, or have leg<br>that someone else drive<br>, vans, trucks, tractors,<br>lo<br>es<br>Make:<br>Model:<br>Year:<br>Approximate mileage:  | al or equitable intereses. If you lease a vehicles, sport utility vehicles  Acura CL 1999 200,000  | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see  | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  | aims or exemptions. Put<br>d claims on Schedule D:<br>ms Secured by Property.<br>Current value of the<br>portion you own?   |
| Do you oyou own  3. Cars.  N  X  Y  3.1.  | bwn, lease, or have leg that someone else drive else else drive else drive else else drive else else else else else else else el  | al or equitable interess. If you lease a vehicless, sport utility vehicless  Acura CL 1999 200,000 | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see  | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$_1,000.00   | aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$ 1,000.00   |
| Do you oyou own  3. Cars  N  X  Y  3.1.   | that someone else drive that s | al or equitable interess. If you lease a vehicless, sport utility vehicless  Acura CL 1999 200,000 | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.               | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$ 1,000.00  | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$ 1,000.00   |
| Do you oyou own  3. Cars  N  X  Y  3.1.   | bwn, lease, or have leg that someone else drive else else drive else drive else else drive else else else else else else else el  | al or equitable interess. If you lease a vehicless, sport utility vehicless  Acura CL 1999 200,000 | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured clathe amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$_1,000.00   | aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$ 1,000.00   |
| Do you oyou own  3. Cars  N  X  Y  3.1.   | that someone else drive that s | al or equitable interess. If you lease a vehicless, sport utility vehicless  Acura CL 1999 200,000 | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only              | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$ 1,000.00  Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$1,000.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the |
| Do you oyou own  3. Cars  N  X  Y  3.1.   | that someone else drive that s | al or equitable interess. If you lease a vehicless, sport utility vehicless  Acura CL 1999 200,000 | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only              | Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the entire property?  \$ 1,000.00  Do not deduct secured class the amount of any secure Creditors Who Have Clair  Current value of the | aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of th portion you own?  \$ 1,000.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of th  |

| Debtor 1   | Catherine                         | Maldonado  | Case number (if k          | nown)   |                                |
|------------|-----------------------------------|--|----------------------------|---|--------------------------------|
|            | First Name Middle Name            | Last Name  |                            |   |                                |
| 3.3.       | Make:                             | Who has an interest i  | n the property? Check one. | Do not deduct secured cla                             |                                |
|            | Model:                            | Debtor 1 only  |                            | the amount of any secured<br>Creditors Who Have Clain |                                |
|            | Year:                             | Debtor 2 only Debtor 1 and Debtor  | 2 only                     | Current value of the                                  | Current value of the           |
|            | Approximate mileage:              | At least one of the de   |                            | entire property?                                      | portion you own?               |
|            | Other information:                | Check if this is con instructions)   | mmunity property (see      | \$  | \$                             |
| 3.4.       | Make:                             | Who has an interest i  | n the property? Check one. | Do not deduct secured cla                             | aims or exemptions. Put        |
| 5.4.       | Model:                            | Debtor 1 only  |                            | the amount of any secured<br>Creditors Who Have Clain | d claims on <i>Schedule D:</i> |
|            | Year:                             | Debtor 2 only Debtor 1 and Debtor  | 2 only                     | Current value of the                                  |                                |
|            | Approximate mileage:              | At least one of the de   |                            | entire property?                                      | portion you own?               |
|            | Other information:                | ☐ Check if this is co  | mmunity property (see      | \$  | \$                             |
| Exam       | nples: Boats, trailers, motors, p | ATVs and other recreational vehicles ersonal watercraft, fishing vessels, snow |                            |   |                                |
| <b>U</b> Y | es                                |  |                            |   |                                |
| 4.1.       | Make:                             | <u> </u>   | n the property? Check one. | Do not deduct secured cla                             |                                |
|            | Model:                            | ☐ Debtor 1 only☐ Debtor 2 only   |                            | Creditors Who Have Clain                              |                                |
|            | Year: Other information:          | Debtor 1 and Debtor  | •                          |   | Current value of the           |
|            | Other information.                | At least one of the de   | ebtors and another         | entire property?                                      | portion you own?               |
|            |                                   | Check if this is con instructions)   | mmunity property (see      | \$  | \$                             |
| If you     | own or have more than one, li     | st here:   |                            |   |                                |
| 4.2.       | Make:                             | Who has an interest in   | n the property? Check one. | Do not deduct secured cla                             |                                |
|            | Model:                            | Debtor 1 only  |                            | the amount of any secured<br>Creditors Who Have Clain |                                |
|            | 1110001.                          | Debtor 2 only  |                            |   | no occurred by a reporty.      |

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

Other information:

\$ 1,000.00

portion you own?

entire property?

Debtor 1 and Debtor 2 only

instructions)

lacksquare At least one of the debtors and another

 $oldsymbol{\square}$  Check if this is community property (see

| Debtor | 1 |  |
|--------|---|--|
|        |   |  |

Catherine First Name

Maldonado

Case number (if known)\_\_\_\_\_

Jebioi i

Middle Name

## Part 3: Describe Your Personal and Household Items

| Do  | you own or have any lega         | al or equitable interest in any of the following items?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|-----|----------------------------------|--|--|
| 6   | Household goods and fur          | nichinge   | or exemptions.   |
| о.  | =                                | s, furniture, linens, china, kitchenware   |  |
|     | , , , , ,                        | s, furniture, intens, crima, kitorienware  |  |
|     | No □                             |  |  |
|     | ☐ Yes. Describe                  |  | \$   |
| _   | Electronics                      |  |  |
|     |                                  |  |  |
|     |                                  | radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music tronic devices including cell phones, cameras, media players, games  |  |
|     | ☑ No                             | atomo devides molading son priories, sumeras, media players, games   |  |
|     | Yes. Describe                    |  |  |
|     | Tes. Describe                    |  | \$   |
| 0   | Collectibles of value            |  |  |
| О.  |                                  | uuringa naintinga nrinta or othor ortugalu haalka nieturaa or othor ort ahiaata.   |  |
|     | stamp, coin, or b                | urines; paintings, prints, or other artwork; books, pictures, or other art objects;<br>baseball card collections; other collections, memorabilia, collectibles |  |
|     | ĭ No                             |  |  |
|     | ☐ Yes. Describe                  |  | \$   |
|     |                                  |  | Ψ  |
| 9.  | Equipment for sports and         | hobbies  |  |
|     | Examples: Sports, photogra       | aphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes  |  |
|     |                                  | pentry tools; musical instruments  |  |
|     | ĭ No                             |  | 1  |
|     | Yes. Describe                    |  | \$   |
|     |                                  |  | Ψ  |
| 10. | Firearms                         |  |  |
|     | Examples: Pistols, rifles, sh    | otguns, ammunition, and related equipment  |  |
|     | ĭ No                             |  | 1  |
|     | ☐ Yes. Describe                  |  | \$   |
|     |                                  |  |  |
|     | Clothes                          |  |  |
|     | _ ` ` ` `                        | s, furs, leather coats, designer wear, shoes, accessories  |  |
|     | No                               |  | 1  |
|     | Yes. Describe                    |  | \$   |
|     |                                  |  |  |
| 12  | Jewelry                          |  |  |
| 12. | •                                | y, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,  |  |
|     | gold, silver                     | y, socialite ferroity, engagement imge, neading imge, nemechi jeweny, materies, genie,   |  |
|     | □ No —                           |  |  |
|     |                                  | isc.   | \$ 500.00  |
|     |                                  |  | •  |
|     | Non-farm animals                 |  |  |
|     | Examples: Dogs, cats, birds      | s, horses  |  |
|     | ☑ No                             |  |  |
|     | ☐ Yes. Describe                  |  | \$   |
|     |                                  |  |  |
| 14. | Any other personal and ho        | ousehold items you did not already list, including any health aids you did not list  |  |
|     | □ No                             |  |  |
|     | _                                | isc./no item worth more than \$600.00  | <b>a 1</b> 000 00  |
|     | information                      | NOTIFICATION WORLD THOSE CHAIN WOOD, OU  | \$ <u>1,000.00</u>   |
| 15  | Add the deller value of all      | of your entrine from Bart 2, including any entries for pages you have attached   | 4.500.00   |
|     |                                  | of your entries from Part 3, including any entries for pages you have attached ber here  | \$ <u>1,500.00</u>   |
|     | ioi i ait 5. Wille tilat ilullit | 7  |  |

#### Catherine First Name

Maldonado

| Case number | (if known) | ) |  |
|-------------|------------|---|--|
|             |            |   |  |

Middle Name

Last Name

| Port 4: Deceribe Your Fine |  |  |
|----------------------------|--|--|

| Do | you own or have any l                             | egal or equitable interest in a  | any of the following?   |                           | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|----|---|--|---|---------------------------|---|
| ,  | Cash<br>Examples: Money you h<br>☑ No             | nave in your wallet, in your hom                                       | e, in a safe deposit box, and on hand when you fi   | le your petition          |   |
|    | Yes   |  |   | Cash:                     | \$  |
|    | and other sin                                     | avings, or other financial accou<br>nilar institutions. If you have mo | nts; certificates of deposit; shares in credit unions ultiple accounts with the same institution, list each | , brokerage houses,<br>i. |   |
|    | □ No<br>☑ Yes                                     |  | Institution name:   |                           |   |
|    |   | 17.1. Checking account:  | Santander Bank  |                           | <u>\$100.00</u>   |
|    |   | 17.2. Checking account:  | TD Bank   |                           | \$100.00  |
|    |   | 17.3. Savings account:   |   |                           | \$  |
|    |   | 17.4. Savings account:   |   |                           | \$  |
|    |   | 17.5. Certificates of deposit:   |   |                           | \$  |
|    |   | 17.6. Other financial account:   |   |                           | \$  |
|    |   | 17.7. Other financial account:   |   |                           | \$  |
|    |   | 17.8. Other financial account:   |   |                           | \$  |
|    |   | 17.9. Other financial account:   |   |                           | \$  |
|    |   |  | See Attach  | ment 1: Addition          | al Deposits of Money  |
| I  |   | or publicly traded stocks investment accounts with broke               | erage firms, money market accounts  |                           |   |
|    | ☐ Yes   | Institution or issuer name:  |   |                           |   |
|    |   |  |   |                           | \$  |
|    |   |  |   |                           | \$  |
|    |   |  |   |                           | \$  |
|    | Non-publicly traded sto<br>an LLC, partnership, a |  | rated and unincorporated businesses, includir   | ng an interest in         |   |
|    | ☑ No  | Name of entity:  |   | % of ownership:           |   |
|    | Yes. Give specific information about              |  |   | %                         | \$  |
|    | them  |  |   |                           | \$  |
|    |   |  |   | %                         | \$  |
|    |   |  |   |                           |   |

|          | C |
|----------|---|
| Debtor 1 | 0 |

t Name Middle Name Las

| Maldonado |  |
|-----------|--|
| Last Name |  |

| Case number | (if known) |  |
|-------------|------------|--|
|             |            |  |

| Non-negotiable instrum   | ents are those you ca   | ot transfer to somed  | one by signing or de                                   | avering them.                             |                 |                                      |  |
|--|---|---|--|---|-----------------|--------------------------------------|--|
| No No  |   |   |  |   |                 |                                      |  |
| Yes. Give specific information about   | Issuer name:  |   |  |   |                 | •                                    |  |
| them   |   |   |  |   |                 | \$                                   |  |
|  |   |   |  |   |                 | \$<br>\$                             |  |
|  |   |   |  |   |                 |                                      |  |
| etirement or pension<br>examples: Interests in I   |   | (k), 403(b), thrift sav   | vings accounts, or ot                                  | ther pension or profi                     | t-sharing plans |                                      |  |
| No No  |   |   |  |   |                 |                                      |  |
| Yes. List each account separately.   | . Type of account:  | Institution name:   |  |   |                 |                                      |  |
|  | 401(k) or similar plan:   |   |  |   |                 | \$                                   |  |
|  | Pension plan:   |   |  |   |                 | \$                                   |  |
|  | IRA:  |   |  |   |                 | \$                                   |  |
|  | Retirement account:   |   |  |   |                 | \$                                   |  |
|  | Keogh:  |   |  |   |                 | \$                                   |  |
|  | Additional account:   |   |  |   |                 | \$                                   |  |
|  | , idditional account  |   |  |   |                 | Ψ                                    |  |
| our share of all unuse   | Additional account:  prepayments d deposits you have m  | de so that you may o  | continue service or u                                  | use from a company                        | ,               | \$                                   |  |
| our share of all unused examples: Agreements   | Additional account:  prepayments d deposits you have m  | de so that you may o  | continue service or u                                  | use from a company                        | ,               |                                      |  |
| our share of all unuser<br>Examples: Agreements<br>ompanies, or others   | Additional account:  prepayments d deposits you have m  | de so that you may o  | continue service or u                                  | use from a company                        | ,               |                                      |  |
| four share of all unused examples: Agreements ompanies, or others  No  | Additional account:  prepayments d deposits you have now with landlords, prepair  | de so that you may o  | continue service or u                                  | use from a company                        | ,               |                                      |  |
| our share of all unused fixamples: Agreements ompanies, or others  No  | Additional account:  prepayments d deposits you have now with landlords, prepair  | de so that you may or rent, public utilities (                                    | continue service or u                                  | use from a company                        | ,               |                                      |  |
| Your share of all unused Examples: Agreements ompanies, or others  No  | Additional account:  prepayments d deposits you have m with landlords, prepai   | de so that you may or rent, public utilities (                                    | continue service or u                                  | use from a company                        | ,               | \$                                   |  |
| four share of all unused examples: Agreements ompanies, or others  No  | Additional account:  prepayments d deposits you have m with landlords, prepai   | de so that you may or rent, public utilities (                                    | continue service or u                                  | use from a company                        | ,               | \$                                   |  |
| our share of all unused<br>ixamples: Agreements<br>ompanies, or others   | Additional account:  prepayments d deposits you have m with landlords, prepai   | de so that you may or rent, public utilities (                                    | continue service or u<br>electric, gas, water)<br>ual: | use from a company<br>, telecommunication | ,               | \$                                   |  |
| our share of all unused fixamples: Agreements ompanies, or others  No  | Additional account:  prepayments d deposits you have m with landlords, prepai   | de so that you may or rent, public utilities (                                    | continue service or u<br>electric, gas, water)<br>ual: | use from a company<br>, telecommunication | ,               | \$<br>\$<br>\$                       |  |
| our share of all unused fixamples: Agreements ompanies, or others  No  | Additional account:  prepayments d deposits you have me with landlords, prepair  Institute Electric:  Gas:  Heating oil:  Security deposit on rei   | de so that you may or rent, public utilities (                                    | continue service or u<br>electric, gas, water)<br>ual: | use from a company<br>, telecommunication | ,               | \$<br>\$<br>\$                       |  |
| our share of all unused (xamples: Agreements ompanies, or others)  No  | Additional account:  prepayments d deposits you have m with landlords, prepai   | de so that you may or rent, public utilities (                                    | continue service or u<br>electric, gas, water)<br>ual: | use from a company<br>, telecommunication | ,               | \$\$<br>\$\$<br>\$\$<br>\$\$         |  |
| our share of all unused fixamples: Agreements ompanies, or others  No  | Additional account:  prepayments d deposits you have mean with landlords, prepair  Electric: Gas: Heating oil: Security deposit on reconstruction of the prepair rent: Telephone:                                   | de so that you may or rent, public utilities (                                    | continue service or u<br>electric, gas, water)<br>ual: | use from a company<br>, telecommunication | ,               | \$<br>\$<br>\$                       |  |
| Your share of all unused Examples: Agreements ompanies, or others  No  | Additional account:  prepayments d deposits you have m with landlords, prepai  Electric: Gas: Heating oil: Security deposit on ret Prepaid rent: Telephone: Water:  | de so that you may or rent, public utilities (                                    | continue service or u<br>electric, gas, water)<br>ual: | use from a company<br>, telecommunication | ,               | \$\$<br>\$\$<br>\$\$<br>\$\$         |  |
| our share of all unused fixamples: Agreements ompanies, or others  No  | Additional account:  prepayments d deposits you have me with landlords, prepair  Electric: Gas: Heating oil: Security deposit on recompared rent: Telephone: Water: Rented furniture:                               | de so that you may or rent, public utilities (                                    | continue service or u<br>electric, gas, water)<br>ual: | use from a company<br>, telecommunication | ,               | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$ |  |
| Tour share of all unused Examples: Agreements ompanies, or others  No Yes  | Additional account:  prepayments d deposits you have m with landlords, prepair  Electric: Gas: Heating oil: Security deposit on rei Prepaid rent: Telephone: Water: Rented furniture: Other:                        | de so that you may or rent, public utilities (                                    | continue service or uelectric, gas, water)             | use from a company, telecommunication     | ,               | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$ |  |
| rour share of all unused famples: Agreements ompanies, or others  No Yes   | Additional account:  prepayments d deposits you have m with landlords, prepair  Electric: Gas: Heating oil: Security deposit on rei Prepaid rent: Telephone: Water: Rented furniture: Other:                        | de so that you may or rent, public utilities (                                    | continue service or uelectric, gas, water)             | use from a company, telecommunication     | ,               | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$ |  |
| Tour share of all unused Examples: Agreements ompanies, or others  No  Yes  No | Additional account:  prepayments d deposits you have m with landlords, prepair  Electric: Gas: Heating oil: Security deposit on rei Prepaid rent: Telephone: Water: Rented furniture: Other:                        | de so that you may or rent, public utilities ( tution name or individed all unit: | continue service or uelectric, gas, water)             | use from a company, telecommunication     | ,               | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$ |  |
| Security deposits and Your share of all unuser Examples: Agreements companies, or others  No Yes                   | Additional account:  prepayments d deposits you have me with landlords, prepair  Electric: Gas: Heating oil: Security deposit on reference water: Telephone: Water: Rented furniture: Other:  Dr a periodic payment | de so that you may or rent, public utilities ( tution name or individed all unit: | continue service or uelectric, gas, water)             | use from a company, telecommunication     | ,               | \$\$<br>\$\$<br>\$\$<br>\$\$<br>\$\$ |  |

| Debtor 1 | Catherine  |             | Maldonado | Case number (if known) |
|----------|------------|-------------|-----------|------------------------|
|          | First Name | Middle Name | Last Name |                        |

| 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).  | state tuition program.   |  |
|---|--------------------------|--|
| <ul> <li>☑ No</li> <li>☐ Yes Institution name and description. Separately file the records of any interest</li> </ul>   | erests.11 U.S.C. § 521(  | 5):  |
|   |                          | \$   |
|   |                          | \$   |
|   |                          | \$   |
|   |                          |  |
| 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights exercisable for your benefit   | or powers                |  |
| ☑ No  |                          | _  |
| Yes. Give specific information about them   |                          | \$   |
| momaton about them  |                          | Ψ  |
| 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agreements  |                          |  |
| ☑ No  |                          | _  |
| Yes. Give specific  |                          | Φ.   |
| information about them  |                          | \$   |
| 27. Licenses, franchises, and other general intangibles   |                          |  |
| Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, profesional profesional permits, exclusive licenses, cooperative association holdings, liquor licenses, profesional permits, exclusive licenses, cooperative association holdings, liquor licenses, profesional permits, exclusive licenses, cooperative association holdings, liquor licenses, profesional permits, exclusive licenses, exclusive | fessional licenses       |  |
| No              |                          | _  |
| Yes. Give specific information about them   |                          | \$   |
| information about them  |                          | Ψ  |
| Money or property owed to you?  |                          | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28. Tax refunds owed to you   |                          |  |
| ☑ No  |                          |  |
| ☐ Yes. Give specific information  | Federal:                 | \$   |
| about them, including whether you already filed the returns   | State:                   | \$   |
| and the tax years   | Local:                   | \$   |
|   |                          | <b>Y</b>   |
| 29. Family support  |                          |  |
| Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settle   | ement, property settleme | ent  |
|   | _                        |  |
| ☐ Yes. Give specific information  | Alima                    | •  |
|   | Alimony: Maintenance:    | \$<br>\$   |
|   | Support:                 | \$<br>\$   |
|   | Divorce settlement:      | \$   |
|   | Property settlement:     | \$   |
| 30. Other amounts someone owes you  |                          |  |
| Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, v Social Security benefits; unpaid loans you made to someone else   | vorkers' compensation,   |  |
| ☑ No  |                          |  |
| Yes. Give specific information  |                          | \$   |
|   |                          |  |

| Debtor 1            | Catherine   | Maldonado   | Case number (if known)                           |   |
|---------------------|---|---|--|---|
|                     | First Name Middle Name  | Last Name   |  |   |
| 31 Interest         | s in insurance policies   |   |  |   |
|                     |   | ance; health savings account (HSA)  | ; credit, homeowner's, or renter's insurance     |   |
| ☑ No                |   |   |  |   |
| Yes.                | . Name the insurance company                                    | Company name:   | Beneficiary:                                     | Surrender or refund value:                  |
|                     | of each policy and list its value.                              |   | Bollolidary.                                     |   |
|                     |   |   |  | \$  |
|                     |   |   |  | \$  |
|                     |   |   |  | _ \$  |
| 32. Any inte        | erest in property that is due yo                                | u from someone who has died   |  |   |
| property            | re the beneficiary of a living trust, because someone has died. | expect proceeds from a life insurar                                       | nce policy, or are currently entitled to receive |   |
| ☑ No                |   |   |  |   |
| ☐ Yes.              | . Give specific information                                     |   |  | \$  |
|                     |   |   |  |   |
|                     | <u> </u>  | or not you have filed a lawsuit or tes, insurance claims, or rights to so |  |   |
| <i>Example</i> ☑ No | es. Accidents, employment dispu                                 | tes, insurance cialins, or rights to st                                   | ue   |   |
|                     | . Describe each claim   |   |  |   |
| <b>—</b> 103.       | . Describe each dain  |   |  | \$  |
| 34. Other co        | ontingent and unliquidated clai                                 | ims of every nature, including co   | unterclaims of the debtor and rights             |   |
| to set o            | ff claims   |   | -  |   |
| ☑ No                |   |   |  |   |
|                     | . Describe each claim   |   |  | \$  |
|                     |   |   |  |   |
|                     |   |   |  |   |
| 35. Any fina        | ancial assets you did not alread                                | dy list   |  |   |
| ⊠ No                |   |   |  |   |
|                     | . Give specific information                                     |   |  | \$  |
|                     |   |   |  |   |
|                     |   |   | tries for pages you have attached                | \$300.00                                    |
| for Part            | 4. Write that number here                                       |   | →  | \$300.00                                    |
|                     |   |   |  |   |
|                     |   |   |  |   |
| Part 5:             | <b>Describe Any Business</b>                                    | -Related Property You Ov  | vn or Have an Interest In. List any              | real estate in Part 1.                      |
| 27 Do you           | own or have any logal or aguit                                  | able interest in any business rela  | stad property?                                   |   |
|                     | Go to Part 6.   | able interest in any business-rela  | neu property:                                    |   |
|                     | Go to Part 6.<br>. Go to line 38.                               |   |  |   |
| <u> </u>            | . Go to iirio oo.   |   |  | Current value of the                        |
|                     |   |   |  | Current value of the portion you own?       |
|                     |   |   |  | Do not deduct secured claims or exemptions. |

page 8

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Schedule A/B: Property

38. Accounts receivable or commissions you already earned

39. Office equipment, furnishings, and supplies

☑ No

No

☐ Yes. Describe......

☐ Yes. Describe....

Official Form 106A/B

| Debtor 1 | Catherine        | )          | Maldonado   | Case number (if known)_ |
|----------|------------------|------------|-------------|-------------------------|
|          | Ethers Miles and | AP-LUC No. | Local Maria |                         |

| 40. Machinery, fixtures, 6           | equipment, supplies you use in business, and tools of your trade                  |                   |   |
|--------------------------------------|---|-------------------|---|
| ĭ No                                 |   |                   |   |
| ☐ Yes. Describe                      |   |                   | \$  |
|                                      |   |                   |   |
| 41. Inventory                        |   |                   |   |
| No I                                 |   |                   | 7   |
| Yes. Describe                        |   |                   | \$  |
| l                                    |   |                   |   |
| 42. Interests in partnersh           | nips or joint ventures  |                   |   |
| ⊠ No                                 |   |                   |   |
| ☐ Yes. Describe                      | Name of entity:   | % of ownership:   |   |
|                                      |   | %                 | \$  |
|                                      |   | %                 | \$  |
|                                      |   | %                 | \$  |
|                                      |   |                   |   |
| 43. Customer lists, mailin           | ng lists, or other compilations   |                   |   |
|                                      | s include personally identifiable information (as defined in 11 U.S.C. § 101(41A) | )?                |   |
| ĭ No                                 | ,   | ,                 |   |
| Yes. Desc                            | cribe   |                   | ].  |
|                                      |   |                   | \$  |
| 44 Any business-related              | property you did not already list   |                   |   |
| No No                                | property you did not already list   |                   |   |
| Yes. Give specific                   |   |                   | \$  |
| information                          |   |                   |   |
|                                      |   |                   | \$  |
|                                      |   |                   | \$  |
|                                      |   |                   | \$  |
|                                      |   |                   | \$  |
|                                      |   |                   | \$  |
| 45. Add the dollar value             | of all of your entries from Part 5, including any entries for pages you have atta | ached             | <u> </u>                                    |
|                                      | number here   |                   | \$0.00                                      |
|                                      |   |                   |   |
|                                      |   |                   |   |
|                                      | ny Farm- and Commercial Fishing-Related Property You Own or Have                  | re an Interest In |   |
| If you own o                         | r have an interest in farmland, list it in Part 1.                                |                   |   |
| 46 Do you own or have a              | any legal or equitable interest in any farm- or commercial fishing-related prop   | ertv?             |   |
| No. Go to Part 7.                    | any logar of equitable interest in any farm of commercial horning related prop-   |                   |   |
| Yes. Go to line 47.                  |   |                   |   |
|                                      |   |                   | Current value of the                        |
|                                      |   |                   | portion you own?                            |
|                                      |   |                   | Do not deduct secured claims or exemptions. |
| 47. Farm animals                     |   |                   |   |
|                                      | poultry, farm-raised fish   |                   |   |
| <ul><li>☑ No</li><li>☑ Yes</li></ul> |   |                   | 7   |
| ■ res                                |   |                   |   |
|                                      |   |                   | \$  |

therine Maldonado
ame Middle Name Last Name

| Case number | if known) |
|-------------|-----------|
|-------------|-----------|

| 48. Crops—either growing or harvested   |                         |                              |             |
|---|-------------------------|------------------------------|-------------|
| <ul><li>☑ No</li><li>☑ Yes. Give specific information</li></ul>   |                         |                              | \$          |
| 49. Farm and fishing equipment, implements, machinery, fixtures  No  Yes  |                         |                              | 7           |
| <b>T</b> res  |                         |                              | \$          |
| 50. Farm and fishing supplies, chemicals, and feed  |                         |                              | _           |
| <ul><li>☑ No</li><li>☑ Yes</li></ul>  |                         |                              | 7           |
|   |                         |                              | \$          |
| 51. Any farm- and commercial fishing-related property you did no  | ot already list         |                              | _           |
| Yes. Give specific information  |                         |                              | \$          |
| 52. Add the dollar value of all of your entries from Part 6, includir for Part 6. Write that number here              | ng any entries for page | es you have attached         | \$0.00      |
|   |                         |                              |             |
| Part 7: Describe All Property You Own or Have a   | n Interest in Tha       | t You Did Not List Above     |             |
| 53. Do you have other property of any kind you did not already lise Examples: Season tickets, country club membership | st?                     |                              |             |
| <ul><li>☑ No</li><li>☑ Yes. Give specific</li></ul>   |                         |                              | \$          |
| information   |                         |                              | \$<br>\$    |
|   |                         |                              | ¥           |
| 54. Add the dollar value of all of your entries from Part 7. Write th   | at number here          | ······                       | \$          |
| Part 8: List the Totals of Each Part of this Form   |                         |                              |             |
| 55. Part 1: Total real estate, line 2   |                         | <b>→</b>                     | \$_0.00     |
| 56. Part 2: Total vehicles, line 5  | \$ <u>1,000.00</u>      | _                            |             |
| 57. Part 3: Total personal and household items, line 15   | \$ <u>1,500.00</u>      | _                            |             |
| 58. Part 4: Total financial assets, line 36   | \$ <u>300.00</u>        | _                            |             |
| 59. Part 5: Total business-related property, line 45  | \$ <u>0.00</u>          |                              |             |
| 60. Part 6: Total farm- and fishing-related property, line 52   | \$ <u>0.00</u>          | _                            |             |
| 61. Part 7: Total other property not listed, line 54  | <b>+</b> \$ <u>0.00</u> | _                            |             |
| 62. <b>Total personal property.</b> Add lines 56 through 61   | \$2,800.00              | Copy personal property total | +\$2,800.00 |
| 63. <b>Total of all property on Schedule A/B.</b> Add line 55 + line 62   |                         |                              | \$2,800.00  |

#### Attachment Debtor: Catherine Maldonado Case No:

Attachment 1: Additional Deposits of Money

Checking Account with Bank of America Value: \$100.00

| Fill in this in        | formation to id    | entify your case:        |           |  |
|------------------------|--------------------|--------------------------|-----------|--|
| Debtor 1               | Catherine          |                          | Maldonado |  |
|                        | First Name         | Middle Name              | Last Name |  |
| Debtor 2               |                    |                          |           |  |
| (Spouse, if filing)    | First Name         | Middle Name              | Last Name |  |
| United States          | Bankruptcy Court f | for the: District of New | Jersey    |  |
| Case number (If known) |                    |                          |           |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/16

☐ Check if this is an amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 2. For any property you list on Schedule A/B   | that you claim as exem               | pt, fill in the information below.   |                                    |
|--|--------------------------------------|--|------------------------------------|
| Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own | Amount of the exemption you claim  | Specific laws that allow exemption |
| ,  | Copy the value from Schedule A/B     | Check only one box for each exemption.   |                                    |
| Brief description: 1999 Acura CL with 200,000 mile Line from Schedule A/B: 3.1   | \$ <u>1,000.00</u>                   | \$ \$ 100% of fair market value, up to any applicable statutory limit              | 11 USC § 522(d)(2)                 |
| Brief misc./no item worth more than description: \$600.00  Line from Schedule A/B: 14  | \$_1,000.00                          | \$\frac{1,000.00}{100%} of fair market value, up to any applicable statutory limit | 11 USC § 522(d)(3)                 |
| Brief description: misc. Line from Schedule A/B: 12  | \$ <u>500.00</u>                     | \$ 500.00     100% of fair market value, up to any applicable statutory limit      | 11 USC § 522(d)(4)                 |
| 3. Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  No Yes. Did you acquire the property covered No Yes | 3 years after that for case          | es filed on or after the date of adjustment.                                       | )                                  |

Last Name

Case number (if known)\_

Part 2:

Additional Page

| Brief description of the property and line on Schedule A/B that lists this property  | Current value of the portion you own | Amount of the exemption you claim   | Specific laws that allow exemption |
|--|--------------------------------------|---|------------------------------------|
|  | Copy the value from Schedule A/B     | Check only one box for each exemption   |                                    |
| Brief Checking Account with Santander description: Bank Line from Schedule A/B: 17.1 | \$_100.00                            | \$ 100.00     □ 100% of fair market value, up to any applicable statutory limit | 11 USC § 522(d)(5)                 |
| Brief description:   | \$                                   | <b>\$</b>   |                                    |
| Line from Schedule A/B:  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit               |                                    |
| Brief description:   | \$                                   | <b>\$</b>   |                                    |
| Line from Schedule A/B:  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit               |                                    |
| Brief description:   | \$                                   | □ \$<br>□ 100% of fair market value, up to                                      |                                    |
| Schedule A/B:  |                                      | any applicable statutory limit  |                                    |
| Brief description:   | \$                                   | \$  100% of fair market value, up to  |                                    |
| Line from Schedule A/B:  |                                      | any applicable statutory limit  |                                    |
| Brief description:   | \$                                   | <b>\$</b>   |                                    |
| Line from Schedule A/B:  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit               |                                    |
| Brief description:   | \$                                   | □ \$<br>□ 100% of fair market value, up to                                      |                                    |
| Line from Schedule A/B: ———  |                                      | any applicable statutory limit  |                                    |
| Brief description:   | \$                                   | \$<br>\[ \] 100% of fair market value, up to                                    |                                    |
| Line from Schedule A/B:  |                                      | any applicable statutory limit  |                                    |
| Brief description:   | \$                                   | □ \$  |                                    |
| Line from Schedule A/B:  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit               |                                    |
| Brief description:   | \$                                   | <b>\$</b>   |                                    |
| Line from Schedule A/B: ———  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit               |                                    |
| Brief description:   | \$                                   | □ \$<br>□ 100% of fair market value, up to                                      |                                    |
| Line from Schedule A/B:  |                                      | any applicable statutory limit  |                                    |
| Brief description:   | \$                                   | \$  |                                    |
| Line from Schedule A/B:  |                                      | ☐ 100% of fair market value, up to any applicable statutory limit               |                                    |

| Creditor's Name  Number Street  As of th  Cont  Unlice  City State ZIP Code  Disp  Who owes the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  | ed people are filing together, both are equonal Page, fill it out, number the entries, a if known).  Sperty?  urt with your other schedules. You have noth une secured claim, list the creditor separately ular claim, list the other creditors in Part 2. der according to the creditor's name.  In the property that secures the claim:                      | ing else to report on Column A Amount of claim Do not deduct the value of collateral. | this form.  Column B  Value of collateral that supports this claim   | 1 filing   |
|--|--|---|--|--|
| First Name   Middle Name   | Have Claims Secure  ed people are filing together, both are equonal Page, fill it out, number the entries, a if known).  sperty?  urt with your other schedules. You have noth  the secured claim, list the creditor separately ular claim, list the other creditors in Part 2. der according to the creditor's name.  In the property that secures the claim: | ing else to report on Column A Amount of claim Do not deduct the value of collateral. | amended erty  r supplying correct orm. On the top of a  this form.  Column B  Value of collateral that supports this claim | 12/15  Tolumn C  Unsecured portion If any            |
| (Spouse, if filing) First Name  United States Bankruptcy Court for the: District of New J  Case number (If known)  Official Form 106D  Schedule D: Creditors Who  Be as complete and accurate as possible. If two mar information. If more space is needed, copy the Addit additional pages, write your name and case number  1. Do any creditors have claims secured by your pr  ☑ No. Check this box and submit this form to the color of Yes. Fill in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than for each claim. If more than one creditor has a particular As much as possible, list the claims in alphabetical color of Creditor's Name    Creditor's Name   | ed people are filing together, both are equonal Page, fill it out, number the entries, a if known).  Piperty?  The secured claim, list the creditor separately ular claim, list the other creditors in Part 2. der according to the creditor's name.  The property that secures the claim:   | ing else to report on Column A Amount of claim Do not deduct the value of collateral. | amended erty  r supplying correct orm. On the top of a  this form.  Column B  Value of collateral that supports this claim | 12/15  Tolumn C  Column C  Unsecured portion  If any |
| United States Bankruptcy Court for the: District of New J  Case number (If known)  Official Form 106D  Schedule D: Creditors Who  Be as complete and accurate as possible. If two mar information. If more space is needed, copy the Addit additional pages, write your name and case number  1. Do any creditors have claims secured by your pr  No. Check this box and submit this form to the complete in all of the information below.  Part 1: List All Secured Claims  2. List all secured claims. If a creditor has more than for each claim. If more than one creditor has a particular As much as possible, list the claims in alphabetical complete in a control of the complete in a control of the control of the claims in alphabetical complete in a control of the co | ed people are filing together, both are equonal Page, fill it out, number the entries, a if known).  Piperty?  The secured claim, list the creditor separately ular claim, list the other creditors in Part 2. der according to the creditor's name.  The property that secures the claim:   | ing else to report on Column A Amount of claim Do not deduct the value of collateral. | amended erty  r supplying correct orm. On the top of a  this form.  Column B  Value of collateral that supports this claim | 12/15  Tolumn C  Column C  Unsecured portion  If any |
| Official Form 106D  Schedule D: Creditors Who  Be as complete and accurate as possible. If two mar information. If more space is needed, copy the Addit additional pages, write your name and case number  1. Do any creditors have claims secured by your promator in a location in a loc | ed people are filing together, both are equonal Page, fill it out, number the entries, a if known).  Sperty?  urt with your other schedules. You have noth une secured claim, list the creditor separately ular claim, list the other creditors in Part 2. der according to the creditor's name.  In the property that secures the claim:                      | ing else to report on Column A Amount of claim Do not deduct the value of collateral. | amended erty  r supplying correct orm. On the top of a  this form.  Column B  Value of collateral that supports this claim | 12/15  Tolumn C  Column C  Unsecured portion  If any |
| Official Form 106D  Schedule D: Creditors Who  Be as complete and accurate as possible. If two mar information. If more space is needed, copy the Addit additional pages, write your name and case number  1. Do any creditors have claims secured by your pr  No. Check this box and submit this form to the complete of the  | ed people are filing together, both are equonal Page, fill it out, number the entries, a if known).  sperty?  urt with your other schedules. You have noth one secured claim, list the creditor separately ular claim, list the other creditors in Part 2. der according to the creditor's name.  In the property that secures the claim:                      | ing else to report on Column A Amount of claim Do not deduct the value of collateral. | amended erty  r supplying correct orm. On the top of a  this form.  Column B  Value of collateral that supports this claim | 12/15  Tolumn C  Column C  Unsecured portion  If any |
| Be as complete and accurate as possible. If two mar information. If more space is needed, copy the Addit additional pages, write your name and case number  1. Do any creditors have claims secured by your provided in the context of  | ed people are filing together, both are equonal Page, fill it out, number the entries, a if known).  sperty?  urt with your other schedules. You have noth one secured claim, list the creditor separately ular claim, list the other creditors in Part 2. der according to the creditor's name.  In the property that secures the claim:                      | ing else to report on Column A Amount of claim Do not deduct the value of collateral. | erty  r supplying correct orm. On the top of a  this form.  Column B  Value of collateral that supports this claim         | 12/15  Tolumn C  Unsecured portion  If any           |
| Be as complete and accurate as possible. If two mar information. If more space is needed, copy the Addit additional pages, write your name and case number  1. Do any creditors have claims secured by your provided in the context of  | ed people are filing together, both are equonal Page, fill it out, number the entries, a if known).  sperty?  urt with your other schedules. You have noth one secured claim, list the creditor separately ular claim, list the other creditors in Part 2. der according to the creditor's name.  In the property that secures the claim:                      | ing else to report on Column A Amount of claim Do not deduct the value of collateral. | this form.  Column B  Value of collateral that supports this claim   | Column C Unsecured portion If any                    |
| Be as complete and accurate as possible. If two mar information. If more space is needed, copy the Addit additional pages, write your name and case number  1. Do any creditors have claims secured by your provided in the context of  | ed people are filing together, both are equonal Page, fill it out, number the entries, a if known).  sperty?  urt with your other schedules. You have noth one secured claim, list the creditor separately ular claim, list the other creditors in Part 2. der according to the creditor's name.  In the property that secures the claim:                      | ing else to report on Column A Amount of claim Do not deduct the value of collateral. | this form.  Column B  Value of collateral that supports this claim   | Column C Unsecured portion If any                    |
| Be as complete and accurate as possible. If two mar information. If more space is needed, copy the Addit additional pages, write your name and case number  1. Do any creditors have claims secured by your proved in the context of th | ed people are filing together, both are equonal Page, fill it out, number the entries, a if known).  sperty?  urt with your other schedules. You have noth one secured claim, list the creditor separately ular claim, list the other creditors in Part 2. der according to the creditor's name.  In the property that secures the claim:                      | ing else to report on Column A Amount of claim Do not deduct the value of collateral. | this form.  Column B  Value of collateral that supports this claim   | Column C Unsecured portion If any                    |
| information. If more space is needed, copy the Addit additional pages, write your name and case number  1. Do any creditors have claims secured by your pr  \[ \text{No. Check this box and submit this form to the color of       | perty?  urt with your other schedules. You have noth  ne secured claim, list the creditor separately ular claim, list the other creditors in Part 2. der according to the creditor's name.  the property that secures the claim:   | ing else to report on Column A Amount of claim Do not deduct the value of collateral. | this form.  Column B  Value of collateral that supports this claim   | Column C Unsecured portion If any                    |
| 2. List all secured claims. If a creditor has more than for each claim. If more than one creditor has a partic As much as possible, list the claims in alphabetical contents.  2.1  Describe  Creditor's Name  Number Street  As of the Contents of City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only An a car I Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  | ular claim, list the other creditors in Part 2. der according to the creditor's name.  the property that secures the claim:  | Amount of claim Do not deduct the value of collateral.                                | Value of collateral<br>that supports this<br>claim   | Unsecured portion If any                             |
| for each claim. If more than one creditor has a partic As much as possible, list the claims in alphabetical companies.  2.1  Creditor's Name  Number Street  As of the Control Unlied Disp  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  | ular claim, list the other creditors in Part 2. der according to the creditor's name.  the property that secures the claim:  | Amount of claim Do not deduct the value of collateral.                                | Value of collateral<br>that supports this<br>claim   | Unsecured portion If any                             |
| Creditor's Name  Number Street  As of the Creditor's Name  City State ZIP Code Disp  Who owes the debt? Check one.  Debtor 1 only An a car I Debtor 2 only State At least one of the debtors and another  Described  As of the Creditory  Control Disp  Nature of Creditor's Name  As of the Creditory  Control Disp  Nature of Creditor's Name  As of the Creditor's Name  State ZIP Code Disp  Nature of Creditor's Name  As of the Creditor's Name  State ZIP Code Disp  Nature of Creditor's Name  Nature of Creditor's Name  As of the Creditor's Name  State ZIP Code Disp  Nature of Creditor's Name  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  | date you file, the claim is: Check all that apply  |   | \$:  | B  |
| Number Street  As of the Control Unlike Dispose Who owes the debt? Check one.  Debtor 1 only An a car I Debtor 1 and Debtor 2 only  At least one of the debtors and another  |  |   |  |  |
| As of the Control Unlike City State ZIP Code Disp  Who owes the debt? Check one.  Debtor 1 only An a car I Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  As of the   |  |   |  |  |
| As of the Control Unlike City State ZIP Code Disp  Who owes the debt? Check one.  Debtor 1 only An a car I Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  As of the   |  | _   |  |  |
| City State ZIP Code Disp  Who owes the debt? Check one. Nature of Debtor 1 only □ An a car I□ Debtor 1 and Debtor 2 only □ State □ At least one of the debtors and another □ Judge   |  |   |  |  |
| City State ZIP Code ☐ Disp  Who owes the debt? Check one. Nature of Debtor 1 only ☐ An a car I ☐ Debtor 2 only ☐ State ☐ Debtor 1 and Debtor 2 only ☐ State ☐ At least one of the debtors and another ☐ Judge  | •  |   |  |  |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another   |  |   |  |  |
| Debtor 2 only car I Debtor 1 and Debtor 2 only At least one of the debtors and another  Car I Debtor 2 only Debtor 3 only Debtor 2 only Debtor 4 least one of the debtors and another  | f lien. Check all that apply.  |   |  |  |
| ☐ Debtor 1 and Debtor 2 only ☐ State ☐ At least one of the debtors and another ☐ Judg  | reement you made (such as mortgage or secured  |   |  |  |
| ☐ At least one of the debtors and another ☐ Judg   | an)<br>ory lien (such as tax lien, mechanic's lien)  |   |  |  |
|  | nent lien from a lawsuit   |   |  |  |
| ☐ Check if this claim relates to a   | (including a right to offset)  | _   |  |  |
| community debt   |  |   |  |  |
|  | gits of account number   |   |  |  |
|  | the property that secures the claim:   | \$  | \$   | \$   |
| Creditor's Name  |  |   |  |  |
| Number Street  |  |   |  |  |
|  | date you file, the claim is: Check all that apply  |   |  |  |
| Cont   |  |   |  |  |
| City State ZIP Code Disp   |  |   |  |  |
| Who owes the debt? Check one. Nature   |  |   |  |  |
|  | f lien. Check all that apply.  |   |  |  |
| ☐ Debtor 2 only car I  |  |   |  |  |
| ☐ Debtor 1 and Debtor 2 only ☐ State ☐ At least one of the debtors and another ☐ Judg  | f lien. Check all that apply. reement you made (such as mortgage or secured  |   |  |  |

Date debt was incurred

☐ Check if this claim relates to a community debt

Other (including a right to offset)

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

| Fill in this information to identify your case:                |             |             |           |  |
|--|-------------|-------------|-----------|--|
| Debtor 1   | Catherine M | 1aldonado   |           |  |
|  | First Name  | Middle Name | Last Name |  |
| Debtor 2   |             |             |           |  |
| (Spouse, if filing)  | First Name  | Middle Name | Last Name |  |
| United States Bankruptcy Court for the: District of New Jersey |             |             |           |  |
| Case number (If known)   |             |             |           |  |

Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

☐ Check if this is an amended filing

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

|   |  | a avainat vau  |                                     |                               |                             |
|---|--|--|-------------------------------------|-------------------------------|-----------------------------|
|   | Do any creditors have priority unsecured claims  | s against you?   |                                     |                               |                             |
|   | No. Go to Part 2.  |  |                                     |                               |                             |
|   | Yes.   |  |                                     |                               |                             |
| r | each claim listed, identify what type of claim it is. If<br>nonpriority amounts. As much as possible, list the c | editor has more than one priority unsecured claim, list the<br>a claim has both priority and nonpriority amounts, list the<br>claims in alphabetical order according to the creditor's na<br>Part 1. If more than one creditor holds a particular claim<br>instructions for this form in the instruction booklet.) | at claim here ar<br>ame. If you hav | nd show both<br>e more than t | priority and<br>wo priority |
|   | ,  | ·  | Total claim                         | Priority                      | Nonpriority                 |
| _ |  |  |                                     | amount                        | amount                      |
|   |  | Last 4 digits of account number  | \$                                  | \$                            | \$                          |
|   | Priority Creditor's Name   | Last 4 digits of account number  | ·                                   |                               |                             |
|   |  | When was the debt incurred?  |                                     |                               |                             |
|   | Number Street  |  |                                     |                               |                             |
|   |  | As of the date you file, the claim is: Check all that apply  |                                     |                               |                             |
|   |  | ☐ Contingent   |                                     |                               |                             |
|   | City State ZIP Code  | ☐ Unliquidated   |                                     |                               |                             |
|   | Who incurred the debt? Check one.  | Disputed   |                                     |                               |                             |
|   | Debtor 1 only  |  |                                     |                               |                             |
|   | Debtor 2 only  | Type of PRIORITY unsecured claim:  |                                     |                               |                             |
|   | Debtor 1 and Debtor 2 only   | ☐ Domestic support obligations   |                                     |                               |                             |
|   | At least one of the debtors and another  | ☐ Taxes and certain other debts you owe the government   |                                     |                               |                             |
|   | ☐ Check if this claim is for a community debt  | ☐ Claims for death or personal injury while you were   |                                     |                               |                             |
|   | Is the claim subject to offset?  | intoxicated  |                                     |                               |                             |
|   | ☐ No   | Other. Specify   |                                     |                               |                             |
|   | ☐ Yes  |  |                                     |                               |                             |
|   |  | Last 4 digits of account number  | ¢.                                  | œ.                            | œ.                          |
| _ | Priority Creditor's Name   |  | Φ                                   | _ Φ                           | Φ                           |
|   |  | When was the debt incurred?  |                                     |                               |                             |
|   | Number Street  | As of the date you file, the claim is: Check all that apply  |                                     |                               |                             |
|   |  |  | •                                   |                               |                             |
|   | City State ZIP Code  | ☐ Contingent☐ Unliquidated   |                                     |                               |                             |
|   | ,  | Disputed   |                                     |                               |                             |
|   | Who incurred the debt? Check one.  | ■ Disputed   |                                     |                               |                             |
|   | Debtor 1 only  | Type of PRIORITY unsecured claim:  |                                     |                               |                             |
|   | Debtor 2 only  | ☐ Domestic support obligations   |                                     |                               |                             |
|   | Debtor 1 and Debtor 2 only   | ☐ Taxes and certain other debts you owe the government   |                                     |                               |                             |
|   | ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt                          | ☐ Claims for death or personal injury while you were intoxicated   |                                     |                               |                             |
|   | Is the claim subject to offset?  | Other. Specify   |                                     |                               |                             |
|   | □ No   |  |                                     |                               |                             |
|   | ☐ Yes  |  |                                     |                               |                             |

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|---|------|---|

Catherine Maldonado
First Name Middle Name Last Name

| Case number | (if known) |
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| -611 | 7. |  |

#### **List All of Your NONPRIORITY Unsecured Claims**

| 3. | Do any creditors have nonpriority unsecured claims against you?  ☐ No. You have nothing to report in this part. Submit this form to the ☐ Yes  |   |                |
|----|--|---|----------------|
|    | List all of your nonpriority unsecured claims in the alphabetical or<br>priority unsecured claim, list the creditor separately for each claim. For<br>included in Part 1. If more than one creditor holds a particular claim, lis<br>fill out the Continuation Page of Part 2. | each claim listed, identify what type of claim it is. Do not list   | claims already |
|    |  |   | Total claim    |
| .1 | Atantic City Electric Nonpriority Creditor's Name  | Last 4 digits of account number 2 0 7 8   | \$7,892.38     |
|    | See Attachment 1  Number Street  | When was the debt incurred?   |                |
|    | Linwood         NJ         08221-1159           City         State         ZIP Code  | As of the date you file, the claim is: Check all that apply.  |                |
|    | Who incurred the debt? Check one.  | ☐ Contingent ☐ Unliquidated   |                |
|    | ☐ Debtor 1 only ☐ Debtor 2 only  | Disputed  |                |
|    | ☐ Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                |
|    | At least one of the debtors and another  | ☐ Student loans   |                |
|    | ☐ Check if this claim is for a community debt  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |                |
|    | Is the claim subject to offset?  No  | □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify  |                |
|    | ☐ Yes  | Other. Specify  |                |
| .2 | Atlantic City Electric   | Last 4 digits of account number   | \$ notice only |
|    | Nonpriority Creditor's Name  | When was the debt incurred?   |                |
|    | PO Box 597 Number Street   |   |                |
|    | Mays Landing NJ 08330  | As of the date you file, the claim is: Check all that apply.  |                |
|    | City State ZIP Code  | Contingent  |                |
|    | Who incurred the debt? Check one.  | ☐ Unliquidated ☐ Disputed   |                |
|    | ☐ Debtor 1 only ☐ Debtor 2 only  | _ 1.0,4.00  |                |
|    | Debtor 1 and Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                |
|    | ☐ At least one of the debtors and another  | Student loans   |                |
|    | ☐ Check if this claim is for a community debt  | <ul> <li>Obligations arising out of a separation agreement or divorce<br/>that you did not report as priority claims</li> </ul> |                |
|    | Is the claim subject to offset?  | Debts to pension or profit-sharing plans, and other similar debts   |                |
|    | ☑ No ☐ Yes   | Other. Specify  |                |
| .3 | Capital One  | Last 4 digits of account number 7 8 1 9   | \$ 1,607.00    |
|    | Nonpriority Creditor's Name 15000 Capital One Dr   | When was the debt incurred? $\underline{2010-07}$   | \$_1,007.00    |
|    | Number Street Richmond VA 23238  |   |                |
|    | City State ZIP Code  | As of the date you file, the claim is: Check all that apply.  |                |
|    | Who incurred the debt? Check one.  | Contingent  |                |
|    | ☑ Debtor 1 only  | ☐ Unliquidated ☐ Disputed   |                |
|    | Debtor 2 only  |   |                |
|    | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |                |
|    | ☐ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce  |                |
|    | Is the claim subject to offset?  | that you did not report as priority claims  |                |
|    | ĭ No   | □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify  |                |
|    | ☐ Yes  | — Onler, Specify  |                |
|    |  |   |                |

Catherine Maldonado
First Name Middle Name

Last Name

| Case number (if known) |
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Part 2:

| Afte | r listing any entries on this page, number them beginning with                 | n 4.5, followed by 4.6, and so forth.  | Total claim      |
|------|--|--|------------------|
| 4.4  | Convergent Outsourcing, Inc.   | Last 4 digits of account number 1 0 2 2  | \$ <u>519.00</u> |
|      | Nonpriority Creditor's Name 800 Sw 39th St                                     | When was the debt incurred? 2015-08  |                  |
|      | Number Street  Renton WA 98057   | As of the date you file, the claim is: Check all that apply.   |                  |
|      | City State ZIP Code  Who incurred the debt? Check one.                         | ☐ Contingent☐ Unliquidated☐ □  |                  |
|      | ☑ Debtor 1 only  | ☐ Disputed   |                  |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                   | Type of <b>NONPRIORITY</b> unsecured claim:  |                  |
|      | ☐ At least one of the debtors and another                                      | Student loans  |                  |
|      | ☐ Check if this claim is for a community debt                                  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>              |                  |
|      | •  | Debts to pension or profit-sharing plans, and other similar debts  |                  |
|      | Is the claim subject to offset?  | Other. Specify   |                  |
|      | Yes  |  |                  |
| 4.5  | Credit One Bank  | Last 4 digits of account number 5 8 9 5  | \$ notice only   |
|      | Nonpriority Creditor's Name Po Box 98875                                       | When was the debt incurred? 2011-06-02   |                  |
|      | Number Street  | As of the date you file, the claim is: Check all that apply.   |                  |
|      | Las Vegas NV 89193 City State ZIP Code   | _ ☐ Contingent   |                  |
|      | Siny State 21 State  | ☐ Unliquidated   |                  |
|      | Who incurred the debt? Check one.  | Disputed   |                  |
|      | Debtor 1 only  |  |                  |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                   | Type of NONPRIORITY unsecured claim:   |                  |
|      | ☐ At least one of the debtors and another                                      | U Student loans  |                  |
|      | ☐ Check if this claim is for a community debt                                  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul>              |                  |
|      | •  | Debts to pension or profit-sharing plans, and other similar debts  |                  |
|      | Is the claim subject to offset?  ☑ No  | Other. Specify   |                  |
|      | ☐ Yes  |  |                  |
| 4.6  | Debt Recovery Solution   | Last 4 digits of account number 9 9 6 8  | \$_429.00        |
|      | Nonpriority Creditor's Name  | When was the debt incurred? 2014-11-20   |                  |
|      | 6800 Jericho Turnpike Number Street  | When was the debt incurred? 2014-11-20  As of the date you file, the claim is: Check all that apply.   |                  |
|      | Syosset         NY         11791           City         State         ZIP Code | Contingent   |                  |
|      | ·  | ☐ Unliquidated   |                  |
|      | Who incurred the debt? Check one.  | ☐ Disputed   |                  |
|      | Debtor 1 only  | Type of NONDRIODITY upgequied eleim:   |                  |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                   | Type of <b>NONPRIORITY</b> unsecured claim:  |                  |
|      | ☐ At least one of the debtors and another                                      | <ul> <li>         □ Student loans     </li> <li>         □ Obligations arising out of a separation agreement or divorce that     </li> </ul> |                  |
|      | ☐ Check if this claim is for a community debt                                  | you did not report as priority claims  |                  |
|      | Is the claim subject to offset?  | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify  |                  |
|      | No     Yes     Yes   | Giner: Specify   |                  |
|      |  |  |                  |

Catherine Maldonado
First Name Middle Name

Last Name

| Case number (if known) |
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Part 2:

| Afte | er listing any entries on this page, number them beginning with | 4.5, followed by 4.6, and so forth.   | Total claim        |
|------|---|---|--------------------|
| 4.7  | ERC/Enhanced Recovery Corp Nonpriority Creditor's Name          | Last 4 digits of account number 3 7 9 4   | \$ <u>2,462.00</u> |
|      | 8014 Bayberry Rd  | When was the debt incurred? 2017-11   |                    |
|      | Number Street   | As of the date you file, the claim is: Check all that apply.  |                    |
|      | JacksonvilleFL32256CityStateZIP Code                            | Contingent  |                    |
|      | Who incurred the debt? Check one.                               | ☐ Unliquidated ☐ Disputed   |                    |
|      | Debtor 1 only   | Turns of MONDRIGRITY unaccounted alains.  |                    |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                    | Type of NONPRIORITY unsecured claim:  |                    |
|      | ☐ At least one of the debtors and another                       | <ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul> |                    |
|      | ☐ Check if this claim is for a community debt                   | you did not report as priority claims   |                    |
|      | Is the claim subject to offset?                                 | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify                       |                    |
|      | □ No □ Yes  |   |                    |
| 4.8  | Financial Recoveries  | Last 4 digits of account number <u>0</u> <u>6</u> <u>4</u> <u>9</u>                                       | \$ notice only     |
|      | Nonpriority Creditor's Name                                     | When was the debt incurred? 2014-06-20  |                    |
|      | 200 E Park Dr Ste 100   | - The mast the dest incurred:   |                    |
|      | Mount Laurel NJ 08054   | As of the date you file, the claim is: Check all that apply.  |                    |
|      | City State ZIP Code   | Contingent  |                    |
|      | Who incurred the debt? Check one.                               | ☐ Unliquidated ☐ Disputed   |                    |
|      | ☑ Debtor 1 only   |   |                    |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                    | Type of <b>NONPRIORITY</b> unsecured claim:   |                    |
|      | □ At least one of the debtors and another                       | <ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul> |                    |
|      | ☐ Check if this claim is for a community debt                   | you did not report as priority claims   |                    |
|      | Is the claim subject to offset?                                 | Debts to pension or profit-sharing plans, and other similar debts   |                    |
|      | No  | Other. Specify  |                    |
|      | ☐ Yes   |   |                    |
| 4.9  | Eingerhut   | Last 4 digits of account number 6 2 3 2   | \$ notice only     |
|      | Fingerhut Nonpriority Creditor's Name                           |   |                    |
|      | 6250 Ridgewood Road   | When was the debt incurred? 2011-10-28  |                    |
|      | Number Street Saint Cloud MN 56303                              | As of the date you file, the claim is: Check all that apply.  |                    |
|      | City State ZIP Code   | Contingent  |                    |
|      | Who incurred the debt? Check one.                               | Unliquidated  |                    |
|      | Debtor 1 only   | ☐ Disputed  |                    |
|      | Debtor 2 only   | Type of NONPRIORITY unsecured claim:  |                    |
|      | Debtor 1 and Debtor 2 only                                      | ☐ Student loans   |                    |
|      | At least one of the debtors and another                         | Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |                    |
|      | ☐ Check if this claim is for a community debt                   | Debts to pension or profit-sharing plans, and other similar debts   |                    |
|      | Is the claim subject to offset?                                 | Other. Specify  |                    |
|      | No     ☐ Yes  |   |                    |
|      | <b>■</b> 165  |   |                    |

Catherine Maldonado

irst Name Middle Na

Last Name

| Case number | f known) |  |
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Part 2:

| Afte | r listing any entries on this page, number them beginning with 4.                  | 5, followed by 4.6, and so forth.  | Total claim          |
|------|--|--|----------------------|
| 4.10 | First Nataional Bank/Legacy  | Last 4 digits of account number 0 5 3 3  | \$ <u>458.00</u>     |
|      | Nonpriority Creditor's Name 500 E 60th St N  | When was the debt incurred? 2012-08  |                      |
|      | Number Street  | As of the date you file, the claim is: Check all that apply.   |                      |
|      | Sioux Falls         SD         57104           City         State         ZIP Code | ☐ Contingent   |                      |
|      | Who incurred the debt? Check one.  | <ul><li>☐ Unliquidated</li><li>☐ Disputed</li></ul>  |                      |
|      | □ Debtor 1 only     □ Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |                      |
|      | Debtor 1 and Debtor 2 only   | Student loans  |                      |
|      | At least one of the debtors and another  | ☐ Obligations arising out of a separation agreement or divorce that  |                      |
|      | ☐ Check if this claim is for a community debt                                      | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts       |                      |
|      | Is the claim subject to offset?  | Other. Specify   |                      |
|      | <ul><li>X No</li><li>☐ Yes</li></ul>   |  |                      |
| 4.11 | First Premier Bank   | Last 4 digits of account number 6 9 1 5  | <sub>\$</sub> 542.00 |
|      | Nonpriority Creditor's Name  | When was the debt incurred? 2014-03  | •                    |
|      | 601 S Minnesota Ave  | When was the debt incurred? 2014-03  |                      |
|      | Number Street Sioux Falls SD 57104   | As of the date you file, the claim is: Check all that apply.   |                      |
|      | City State ZIP Code  | Contingent   |                      |
|      | Who incurred the debt? Check one.  | ☐ Unliquidated ☐ Disputed  |                      |
|      | ☑ Debtor 1 only  | - Disputed   |                      |
|      | Debtor 2 only  | Type of NONPRIORITY unsecured claim:   |                      |
|      | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another             | <ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>      |                      |
|      | ☐ Check if this claim is for a community debt                                      | you did not report as priority claims  |                      |
|      | Is the claim subject to offset?  | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify                            |                      |
|      | ■ No   | Grief: Specify   |                      |
|      | ☐ Yes  |  |                      |
| 4.12 |  | Last 4 digits of account number _2 _6 _2 _8  | \$ 564.00            |
|      | First Premier Bank Nonpriority Creditor's Name                                     | -  |                      |
|      | 601 S Minnesota Ave  | When was the debt incurred? 2008-07  |                      |
|      | Sioux Falls SD 57104   | As of the date you file, the claim is: Check all that apply.   |                      |
|      | City State ZIP Code  | Contingent   |                      |
|      | Who incurred the debt? Check one.  | ☐ Unliquidated ☐ Disputed  |                      |
|      | Debtor 1 only  | ·  |                      |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                       | Type of NONPRIORITY unsecured claim:   |                      |
|      | At least one of the debtors and another  | <ul><li> ☐ Student loans</li><li>☐ Obligations arising out of a separation agreement or divorce that</li></ul> |                      |
|      | ☐ Check if this claim is for a community debt                                      | you did not report as priority claims  |                      |
|      | Is the claim subject to offset?  | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify                            |                      |
|      | ☑ No   |  |                      |
|      | Yes  |  |                      |

Catherine Maldonado
First Name Middle Name

Last Name

| Case number | f known) |
|-------------|----------|
|             |          |

Part 2:

| Afte | r listing any entries on this page, number them beginning with | n 4.5, followed by 4.6, and so forth.   | Total claim        |
|------|--|---|--------------------|
| 4.13 | Merrick Bank/CardWorks Nonpriority Creditor's Name             | Last 4 digits of account number <u>5</u> <u>3</u> <u>6</u> <u>5</u>   | \$ <u>1,204.00</u> |
|      | Po Box 9201  | When was the debt incurred? 2012-04   |                    |
|      | Number Street  | As of the date you file, the claim is: Check all that apply.  |                    |
|      | Old Bethpage NY 11804 City State ZIP Code                      | Contingent  |                    |
|      | Who incurred the debt? Check one.  Debtor 1 only               | Unliquidated Disputed   |                    |
|      | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |                    |
|      | Debtor 1 and Debtor 2 only                                     | ☐ Student loans   |                    |
|      | At least one of the debtors and another                        | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |                    |
|      | ☐ Check if this claim is for a community debt                  | Debts to pension or profit-sharing plans, and other similar debts   |                    |
|      | Is the claim subject to offset?  ☑ No ☐ Yes                    | Other. Specify  |                    |
| 4.14 | Midland Funding  | Last 4 digits of account number 5 5 2 8   | \$ <u>460.00</u>   |
|      | Nonpriority Creditor's Name                                    | When was the debt incurred? 2015-07   |                    |
|      | 2365 Northside Dr Ste 30 Number Street                         | _   |                    |
|      | San Diego CA 92108   | As of the date you file, the claim is: Check all that apply.  |                    |
|      | City State ZIP Code  | ☐ Contingent☐ Unliquidated  |                    |
|      | Who incurred the debt? Check one.                              | ☐ Disputed  |                    |
|      | Debtor 1 only  | ·   |                    |
|      | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                   | Type of <b>NONPRIORITY</b> unsecured claim:   |                    |
|      | ☐ At least one of the debtors and another                      | Student loans   |                    |
|      | ☐ Check if this claim is for a community debt                  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |                    |
|      | ·  | Debts to pension or profit-sharing plans, and other similar debts   |                    |
|      | Is the claim subject to offset?  ☑ No ☐ Yes                    | ☐ Other. Specify  |                    |
| 4.15 | Midland Funding  | Last 4 digits of account number 8 8 7 4   | \$ 897.00          |
|      | Nonpriority Creditor's Name                                    | When was the debt incurred? 2015-01   |                    |
|      | 2365 Northside Dr Ste 30                                       | - Their was the dest incurred.  |                    |
|      | San Diego CA 92108   | As of the date you file, the claim is: Check all that apply.  |                    |
|      | City State ZIP Code  | Contingent  |                    |
|      | Who incurred the debt? Check one.                              | ☐ Unliquidated ☐ Disputed   |                    |
|      | ☑ Debtor 1 only  | ☐ Disputed  |                    |
|      | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |                    |
|      | Debtor 1 and Debtor 2 only                                     | ☐ Student loans   |                    |
|      | At least one of the debtors and another                        | Obligations arising out of a separation agreement or divorce that   |                    |
|      | ☐ Check if this claim is for a community debt                  | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                        |                    |
|      | Is the claim subject to offset?                                | Other. Specify  |                    |
|      | ☑ No ☐ Yes   |   |                    |

Catherine Maldonado

irst Name Middle Name

Last Name

| Case number | (if known) |
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Part 2:

| After                      | listing any entries on this page, number them beginning with  | 4.5, followed by 4.6, and so forth.   | Total claim     |
|----------------------------|---|---|-----------------|
|                            | MOHELA/Debt of Ed   | Last 4 digits of account number <u>0</u> <u>0</u> <u>0</u> <u>2</u>   | \$ <u>35.00</u> |
| _(                         | Nonpriority Creditor's Name  633 Spirit Drive   | When was the debt incurred? 1997-11-13  |                 |
| _(                         | Number Street  Chesterfield MO 63005  City State ZIP Code   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   |                 |
| ū                          | Who incurred the debt? Check one.  ☑ Debtor 1 only ☑ Debtor 2 only  | Disputed  Type of NONPRIORITY unsecured claim:  |                 |
| 0                          | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  | <ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>  |                 |
| l:                         | ☐ Check if this claim is for a community debt s the claim subject to offset? ☐ No ☐ Yes   | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify  |                 |
| _                          | MOHELA/Debt of Ed   | Last 4 digits of account number <u>0</u> <u>0</u> <u>1</u>  | \$ 50.00        |
| _(                         | 633 Spirit Drive  | When was the debt incurred? 1997-12-23  |                 |
| _(                         | Chesterfield MO 63005 City State ZIP Code   | As of the date you file, the claim is: Check all that apply.  Contingent  |                 |
| ()<br>()<br>()<br>()<br>() | Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt s the claim subject to offset? ☑ No ☐ Yes | <ul> <li>Unliquidated</li> <li>Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify</li> </ul> | .617.00         |
|                            | Portfolio Recovery  Nonpriority Creditor's Name   | Last 4 digits of account number 6 1 2 4   | \$ 617.00       |
|                            | 120 Corporate Blvd Ste 1  Jumber Street   | When was the debt incurred? 2016-01   |                 |
| Ċ                          | Norfolk VA 23502 State ZIP Code   | As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated   |                 |
| ()<br>()<br>()<br>()       | Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt s the claim subject to offset?  No Yes              | <ul> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>□ Other. Specify</li> </ul>             |                 |

Catherine Maldonado

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Part 2:

| After | listing any entries on this page, number them beginning with 4.                | 5, followed by 4.6, and so forth.   | Total claim      |
|-------|--|---|------------------|
|       | Portfolio Recovery  Nonpriority Creditor's Name                                | Last 4 digits of account number 3 2 9 8   | \$ <u>492.00</u> |
|       | 120 Corporate Blvd Ste 1   | When was the debt incurred? 2016-02   |                  |
|       | Number Street  Norfolk VA 23502  | As of the date you file, the claim is: Check all that apply.  |                  |
|       | City State ZIP Code  | ☐ Contingent ☐ Unliquidated   |                  |
|       | Who incurred the debt? Check one.  Debtor 1 only                               | ☐ Disputed  |                  |
|       | Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |                  |
|       | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another         | Student loans   |                  |
|       | ☐ Check if this claim is for a community debt                                  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                         |                  |
|       | ls the claim subject to offset?  | <ul><li>□ Debts to pension or profit-sharing plans, and other similar debts</li><li>□ Other. Specify</li></ul>                  |                  |
|       | No     Yes   |   |                  |
| 4.20  | Portfolio Recovery   | Last 4 digits of account number 5 0 7 2   | \$_407.00        |
|       | Nonpriority Creditor's Name  120 Corporate Blvd Ste 1                          | When was the debt incurred? 2015-02   |                  |
|       | Number Street  | As of the date you file, the claim is: Check all that apply.  |                  |
|       | Norfolk         VA         23502           City         State         ZIP Code | ☐ Contingent  |                  |
|       | Who incurred the debt? Check one.  | ☐ Unliquidated ☐ Disputed   |                  |
|       | Debtor 1 only  | ·   |                  |
|       | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only                                   | Type of <b>NONPRIORITY</b> unsecured claim:  Student loans  |                  |
|       | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce that   |                  |
|       | ☐ Check if this claim is for a community debt                                  | you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts                        |                  |
|       | Is the claim subject to offset?  Is No   | Other. Specify  |                  |
|       | ☐ Yes  |   |                  |
| 4.21  |  | Last 4 digits of account number 9 5 8 2   | \$ 318.00        |
|       | Portfolio Recovery Nonpriority Creditor's Name                                 | 0045.00   |                  |
|       | 120 Corporate Blvd Ste 1   | When was the debt incurred? 2015-03   |                  |
|       | Norfolk VA 23502   | As of the date you file, the claim is: Check all that apply.  |                  |
|       | City State ZIP Code  | ☐ Contingent☐ Unliquidated  |                  |
|       | Who incurred the debt? Check one.  | ☐ Disputed  |                  |
|       | ☑ Debtor 1 only ☐ Debtor 2 only  | Type of NONPRIORITY unsecured claim:  |                  |
|       | ☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another          | ☐ Student loans   |                  |
|       | ☐ Check if this claim is for a community debt                                  | <ul> <li>Obligations arising out of a separation agreement or divorce that<br/>you did not report as priority claims</li> </ul> |                  |
|       | Is the claim subject to offset?  | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify   |                  |
|       | ☑ No ☐ Yes   |   |                  |

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Part 2:

| Afte | r listing any entries on this page, number them beginning with  | h 4.5, followed by 4.6, and so forth.  | Total claim      |
|------|---|--|------------------|
| 4.22 | Portfolio Recovery  | Last 4 digits of account number 6 6 8 1  | \$ <u>650.00</u> |
|      | Nonpriority Creditor's Name  120 Corporate Blvd Ste 1   | When was the debt incurred? 2015-02  |                  |
|      | Number         Street           Norfolk         VA         23502           City         State         ZIP Code  | As of the date you file, the claim is: Check all that apply.   |                  |
|      | City State ZIP Code  Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes   | <ul> <li>☐ Contingent</li> <li>☐ Unliquidated</li> <li>☐ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☐ Other. Specify</li> </ul>  |                  |
| 4.23 | Portfolio Recovery  Nonpriority Creditor's Name  120 Corporate Blvd Ste 1  Number Street  Norfolk VA 23502  City State ZIP Code  Who incurred the debt? Check one.   Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes | Last 4 digits of account number 0 1 3 8  When was the debt incurred? 2015-12  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  | \$ 931.00        |
| 4.24 | Synchrony Bank/ Old Navy  Nonpriority Creditor's Name  Po Box 965005  Number Street  Orlando FL 32896  City State ZIP Code  Who incurred the debt? Check one.   Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  No Yes      | Last 4 digits of account number 0 5 6  When was the debt incurred? 2012-10-05  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify | \$ notice only   |

Catherine Maldonado

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| Case number (if known) |
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Part 2:

| No   Debtor 1 and Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 3 only   Debtor 4 and Debtor 2 only   Debtor 4 and Debtor 2 only   Debtor 3 only   Debtor 4 only   Debtor 5 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 6 only   Debtor 8 only      | After | listing any entries on this page, number them beginning with 4. | 5, followed by 4.6, and so forth.                                   | Total claim      |
|--|-------|---|---|------------------|
| Non-protection Name   Po Box 673   Name   Po Box 673   Name   Street   Minneapolis    MN   | 4.25  | Target  | Last 4 digits of account number 2 9 2 5                             | <u>\$ 404.00</u> |
| Number   Street   Minneapolis   MN   55440   Contingent   Unliquidated   Disputed   Debtor 1 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 sand Debtor 2 only   Debtor 2 sand    | 1     | Nonpriority Creditor's Name                                     | When was the debt incurred? 2009-03                                 |                  |
| Contingent   Con   | 1     | Number Street   | As of the date you file, the claim is: Check all that apply.        |                  |
| Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt is the claim subject to offset?  Non  Yes  U.S. Department of Education  Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only  State  Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only  Debtor 2 only  Debtor 1 and Debtor 3 only  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt is the claim subject to offset?  U.S. Department of Education  Type of NONPRIORITY unsecured claim:  Last 4 digits of account number 8 4 2 9  When was the debt incurred? 1997-11  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  State all that apply.  Contingent  Unliquidated Disputed  U.S. Department of Education  Neoptonity Circultor's Name  Po Box 4222  Number Street  Down City IA 52244  Town State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Ves  Last 4 digits of account number 8 4 2 7.  When was the debt incurred? 1997-12  As of the date you file, the claim is: Check all that apply.  Check if this claim is for a community debt is the claim subject to offset?  U.S. Department of Education  Neoptonity Circultor's Name  Po Box 4222  Number Street  Down City IA 52244  Town C |       |   | ☐ Contingent  |                  |
| Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   At least one of the debtors and another   Debtor 1 and Debtor 2 only   State   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 2 only   State   ZiP Code   Debtor 1 and Debtor 2 only   At least one of the debtors and another   Debtor 1 and Debtor 3 Name   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 3 only   State   ZiP Code   Debtor 4 Debtor 3 Name   Debtor 4 Debtor 4 Debtor 4 Debtor 5 Name   Debtor 6 Name   Debtor 7 Name   Debtor 7 Name   Debtor 1 Name      | _     | _   | ·   |                  |
| Debtor 1 and Debtor 2 only   |       |   | Type of NONPRIORITY unsecured claim:                                |                  |
| Check if this claim is for a community debt   st the claim subject to offset?   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar debts   Debts to pension or profit sharing plans, and other similar    |       |   | <u></u>   |                  |
| Citiesk in this drainins for a community debt   Debts to pension or profit-sharing plans, and other similar debts   Other. Specify   | (     | At least one of the debtors and another                         | Obligations arising out of a separation agreement or divorce that   |                  |
| 4.26  V.S. Department of Education  Nonpriority Creditor's Name  Po Box 4222  Number   Street   Other Specify   Other Specify  | [     | ☐ Check if this claim is for a community debt                   |   |                  |
| U.S. Department of Education Nonpriority Creditor's Name Po Box 4222 Number Street lowa City IA 52244 City State ZIP Code Debtor 1 only Debtor 1 only Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset? No Ves  U.S. Department of Education Nonpriority Creditor's Name Ves U.S. Department of Education Nonpriority Creditor's Name Po Box 4222 Number Street Lowa City IA 52244 City State ZIP Code Debtor 1 only Debto |       | •   | Other. Specify  |                  |
| U.S. Department of Education  Norpriority Creditor's Name Po Box 4222 Number Street lowa City IA 52244 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  U.S. Department of Education Norpriority Creditor's Name Po Box 4222 Number Street Lowa City IA 52244 City State ZIP Code  U.S. Department of Education Norpriority Creditor's Name Po Box 4222 Number Street Lowa City IA 52244 City State ZIP Code When was the debt incurred? 1997-11  As of the date you file, the claim is: Check all that apply.  Last 4 digits of account number 8 4 2 9 \$40  When was the debt incurred? 1997-11  As of the date you file, the claim is: Check all that apply.  Last 4 digits of account number 8 4 2 7  When was the debt incurred? 1997-12  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  |       |   |   |                  |
| Nonpriority Creditor's Name Po Box 4222 Number Street lowa City IA 52244 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  U.S. Department of Education Nonpriority Creditor's Name Po Box 4222 Number Street Owa City IA 52244  U.S. Department of Education Nonpriority Creditor's Name Po Box 4222 Number Street Owa City IA 52244 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Contingent Debtor 1 only Debtor 1 only  When was the debt incurred? 1997-11  As of the date you file, the claim is: Check all that apply. Debtor 1 only  When was the debt incurred? Debtor 1 only  When was the debt incurred? 1997-12  As of the date you file, the claim is: Check all that apply. Contingent Disputed  Who incurred the debt? Check one. Disputed  |       | U.S. Department of Education                                    | Last 4 digits of account number 8 4 9                               | \$ <u>40.00</u>  |
| Po Box 4222 Number Street  Lowa City IA 52244 City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  U.S. Department of Education Nonpriorly Creditor's Name Po Box 4222 Number Street Lowa City IA 52244 City State ZIP Code  Who incurred the debt? Check one. Debtor 1 only  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts  Last 4 digits of account number 8 4 2 7  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  City State ZIP Code  Who incurred the debt? Check one. Debtor 1 only   | Ī     | Nonpriority Creditor's Name                                     | When was the debt incurred? 1997-11                                 |                  |
| City   State   ZIP Code   Contingent   Unliquidated   Disputed   | _     |   |   |                  |
| Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  U.S. Department of Education Nonpriority Creditor's Name Po Box 4222 Number Street Iowa City City State U.S. Department debt? Check one. Debtor 1 only  Viniquidated Disputed  Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  When was the debt incurred?  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  | _     | Iowa City IA 52244  | _   |                  |
| Who incurred the debt? Check one.  Disputed  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  No Yes  U.S. Department of Education  Nonpriority Creditor's Name Po Box 4222  Number Street Iowa City IA 52244 City State ZiP Code  Who incurred the debt? Check one.  Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  When was the debt incurred?  1997-12  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed  | (     | City State ZIP Code   |   |                  |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  U.S. Department of Education Nonpriority Creditor's Name Po Box 4222 Number Street Lowa City Name City Name Who incurred the debt? Check one. Debtor 1 only  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  Last 4 digits of account number 8 4 2 7  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  | ١     | Who incurred the debt? Check one.                               | 1.  |                  |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes  U.S. Department of Education Nonpriority Creditor's Name Po Box 4222 Number Street IOWA City IA 52244 City State ZIP Code  Who incurred the debt? Check one. □ Debtor 1 only  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify □ Other. Specify □ When was the debt incurred? □ Last 4 digits of account number 8 4 2 7 When was the debt incurred? 1997-12  As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed  |       |   | T. (NONDRIGOTY)   |                  |
| □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes  U.S. Department of Education Nonpriority Creditor's Name Po Box 4222 Number Street Iowa City IA 52244 City State ZIP Code  Who incurred the debt? Check one. □ Debtor 1 only  State State ZIP Code  Ubligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify □ Other. Specify □ When was the debt incurred? 1997-12  As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed   |       |   |   |                  |
| □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes  U.S. Department of Education Nonpriority Creditor's Name Po Box 4222 Number Street Iowa City IA 52244 City State ZIP Code  Who incurred the debt? Check one. □ Debtor 1 only  you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  When was the debt incurred? 1997-12  As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed   | _     | _   |   |                  |
| Is the claim subject to offset?  No Yes    Other. Specify  | Ţ     | ☐ Check if this claim is for a community debt                   | you did not report as priority claims                               |                  |
| U.S. Department of Education  Nonpriority Creditor's Name  Po Box 4222  Number Street  Iowa City IA 52244  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Last 4 digits of account number 8 4 2 7  When was the debt incurred? 1997-12  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed   | ı     | s the claim subject to offset?                                  |   |                  |
| U.S. Department of Education  Nonpriority Creditor's Name  Po Box 4222  Number Street  Iowa City IA 52244  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only  Last 4 digits of account number 8 4 2 7  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed   |       |   |   |                  |
| Po Box 4222   Number   Street   Lowa City   IA   52244   City   State   ZIP Code   Contingent   Unliquidated   Disputed   |       | U.S. Department of Education                                    | Last 4 digits of account number 8 4 7                               | \$ 58.00         |
| Lowa City  City  State  |       |   | When was the debt incurred? 1997-12                                 |                  |
| City State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Debtor 1 only  |       |   | As of the date you file, the claim is: Check all that apply.        |                  |
| Who incurred the debt? Check one.  Disputed  Disputed  |       |   | ☐ Contingent  |                  |
| Debtor 1 only  | ,     | Who incurred the deht? Check one                                | ·   |                  |
| ,  | _     | <u>_</u>  | ☐ Disputed  |                  |
| Debtor 2 only  Type of <b>NONPRIORITY</b> unsecured claim:   | [     | Debtor 2 only   | Type of NONPRIORITY unsecured claim:                                |                  |
| ☐ Debtor 1 and Debtor 2 only ☐ Student loans ☐ At least one of the debtors and another ☐ Obligations or significant of a constraint out of a cons  |       |   |   |                  |
| Obligations arising out of a separation agreement of divorce that  |       |   |   |                  |
| Debts to pension or profit-sharing plans, and other similar debts  |       | •   | ☐ Debts to pension or profit-sharing plans, and other similar debts |                  |
| Is the claim subject to offset?  Other. Specify  No Yes  | [     | □ No  | ☐ Other. Specify  |                  |

Catherine Maldonado

irst Name Middle Name

Last Name

| Case number (if known) |
|------------------------|
|------------------------|

Part 2:

| Afte | r listing any entries on this page, num   | ber them beginning w   | ith 4.5, followed by 4.6, and so forth.   | Total claim           |
|------|---|------------------------|---|-----------------------|
| 4.28 | US Dept of Education  |                        | Last 4 digits of account number <u>4</u> <u>7</u> <u>1</u> <u>1</u>   | <u>\$ notice only</u> |
|      | Nonpriority Creditor's Name Po Box 5609   |                        | When was the debt incurred? 1997-12-23  |                       |
|      | Number Street  Greenville TX  | 75403<br>tate ZIP Code | As of the date you file, the claim is: Check all that apply.  |                       |
|      | Who incurred the debt? Check one.   □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a communit is the claim subject to offset? □ No □ Yes |                        | ☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify                                     |                       |
| 4.29 | Nonpriority Creditor's Name   |                        | Last 4 digits of account number   | \$                    |
|      | Nonpriority Creditor's Name   |                        | When was the debt incurred?   |                       |
|      | Number Street   |                        | As of the date you file, the claim is: Check all that apply.  |                       |
|      |   | tate ZIP Code          | Contingent Unliquidated   |                       |
|      | Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim is for a communit is the claim subject to offset?  No Yes              | y debt                 | <ul> <li>□ Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>□ Student loans</li> <li>□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>□ Debts to pension or profit-sharing plans, and other similar debts</li> <li>□ Other. Specify</li> </ul> |                       |
| 4.30 |   |                        | Last 4 digits of account number   | \$                    |
|      | Nonpriority Creditor's Name   |                        | When was the debt incurred?   |                       |
|      | Number Street   |                        | As of the date you file, the claim is: Check all that apply.  |                       |
|      | Who incurred the debt? Check one.   | tate ZIP Code          | Contingent Unliquidated Disputed  |                       |
|      | □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a communit Is the claim subject to offset? □ No □ Yes                                     | ry debt                | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify  |                       |

Part 4:

#### Add the Amounts for Each Type of Unsecured Claim

Last Name

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| Total | claims |
|-------|--------|
| from  | Part 1 |

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

#### **Total claims** from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- **Total claim**
- 6a.
- 6b.
- 6d.
- 6e

#### **Total claim**

- 6f. \$0.00
- \$0.00 6g.
- 6h. \$0.00
- **+** \$0.00
- \$0.00

# Attachment Debtor: Catherine Maldonado Case No:

#### Attachment 1

Attn: Youngblood, Franklin, Sampoli & Coombs, PA Cornerstone Comerce Center 120 New Road, Ste 230

| Fill in this in        | nformation to ide    | ntify your case:             |           |  |  |
|------------------------|----------------------|------------------------------|-----------|--|--|
| Debtor                 | Catherine Maldonado  |                              |           |  |  |
|                        | First Name           | Middle Name                  | Last Name |  |  |
| Debtor 2               |                      |                              |           |  |  |
| (Spouse If filing)     | First Name           | Middle Name                  | Last Name |  |  |
| United States          | Bankruptov Court for | r the: District of New Jerse | V         |  |  |
| Officed States I       | Bankruptcy Court to  | Title.                       | ,         |  |  |
| Case number (If known) |                      |                              |           |  |  |

#### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - Mo. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with who | m you l | nave the contract or lease | State what the contract or lease is for |
|-----|-----------|------------------|---------|----------------------------|---|
| 2.1 |           |                  |         |                            |   |
|     | Name      |                  |         |                            |   |
|     | Number    | Street           |         |                            |   |
|     | City      |                  | State   | ZIP Code                   | -                                       |
| 2.2 |           |                  |         |                            | _                                       |
|     | Name      |                  |         |                            |   |
|     | Number    | Street           |         |                            |   |
|     | City      |                  | State   | ZIP Code                   | -                                       |
| 2.3 |           |                  |         |                            |   |
|     | Name      |                  |         |                            |   |
|     | Number    | Street           |         |                            |   |
|     | City      |                  | State   | ZIP Code                   |   |
| 2.4 |           |                  |         |                            |   |
|     | Name      |                  |         |                            |   |
|     | Number    | Street           |         |                            | -                                       |
|     | City      |                  | State   | ZIP Code                   |   |
| 2.5 |           |                  |         |                            |   |
|     | Name      |                  |         |                            |   |
|     | Number    | Street           |         |                            | -                                       |
|     | City      |                  | State   | ZIP Code                   | -                                       |

| Fill in this information to identify your case:                |                    |               |           |  |  |  |
|--|--------------------|---------------|-----------|--|--|--|
| Debtor 1   | Catherine Maldonad | O Middle Name | Last Name |  |  |  |
| Debtor 2<br>(Spouse, if filing                                 |                    | Middle Name   | Last Name |  |  |  |
| United States Bankruptcy Court for the: District of New Jersey |                    |               |           |  |  |  |
| Case number(If known)  |                    |               |           |  |  |  |

☐ Check if this is an amended filing

## Official Form 106H

## **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

|   | Do you have any co<br>☑ No  | odebtors? (If you are filing a joint case, do | not list either spouse as a | a codebtor.)  |  |  |  |
|---|---|---|-----------------------------|---|--|--|--|
|   | ☐ Yes   |   |                             |   |  |  |  |
|   | <ol> <li>Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include<br/>Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)</li> </ol> |   |                             |   |  |  |  |
|   | No. Go to line 3.   |   |                             |   |  |  |  |
|   | Yes. Did your sp  | oouse, former spouse, or legal equivalent liv | e with you at the time?     |   |  |  |  |
|   | ☐ No  |   |                             |   |  |  |  |
|   | ☐ Yes. In whic  | h community state or territory did you live?  | F                           | ill in the name and current address of that person.   |  |  |  |
|   | Name of your s  | pouse, former spouse, or legal equivalent     |                             |   |  |  |  |
|   | Number  | Street  |                             |   |  |  |  |
|   | City  | State   | ZIP Code                    |   |  |  |  |
|   | In Calumum 4 lint all   | of very codebtors. Do not include very        |                             | varia analysis is filling with year. I let the manage |  |  |  |
| 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. |   |   |                             |   |  |  |  |
|   | Column 1: Your co   | odebtor                                       |                             | Column 2: The creditor to whom you owe the debt       |  |  |  |
|   |   |   |                             | Check all schedules that apply:                       |  |  |  |
| 3.1   |   |   |                             |   |  |  |  |
|   | Name  |   |                             | Schedule D, line                                      |  |  |  |
|   |   |   |                             | ☐ Schedule E/F, line                                  |  |  |  |
|   | Number Street   |   |                             | □ Schedule G, line                                    |  |  |  |
|   | City  | State   | ZIP Code                    | _   |  |  |  |
| 3.2   |   |   |                             |   |  |  |  |
|   | Name  |   |                             | Schedule D, line                                      |  |  |  |
|   |   |   |                             | ☐ Schedule E/F, line                                  |  |  |  |
|   | Number Street   |   |                             | Schedule G, line                                      |  |  |  |
|   | City  | State   | ZIP Code                    | <del></del>   |  |  |  |
| 3.3   |   |   |                             |   |  |  |  |
|   | Name  |   |                             | Schedule D, line                                      |  |  |  |
|   |   |   |                             | ☐ Schedule E/F, line                                  |  |  |  |
|   | Number Street   |   |                             | ☐ Schedule G, line                                    |  |  |  |
|   | City  | State   | ZIP Code                    |   |  |  |  |

| Fill in this in                 | formation to identify y   | our case:  |   |        |                        |   |
|---------------------------------|---|--|---|--------|------------------------|---|
| Debtor 1                        | Catherine Maldonado   |  |   |        |                        |   |
| Deptor i                        | First Name  | Middle Name  | Last Name   |        | -                      |   |
| Debtor 2<br>(Spouse, if filing) | First Name  | Middle Name  | Last Name   |        | -                      |   |
| United States I                 | Bankruptcy Court for the: _I  | District of New Jersey                                   |   |        | _                      |   |
| Case number                     |   |  |   |        | Check if th            | nis is:   |
| (If known)                      |   |  |   |        | ☐ An ame               | ended filing  |
|                                 |   |  |   |        |                        | lement showing post-petition  |
| O#::::   E-                     | 400l  |  |   |        | chapte                 | r 13 income as of the following date:   |
| Official Fo                     | -   | _  |   |        | MM / DI                | D / YYYY  |
| Sched                           | lule I: You   | r Income   |   |        |                        | 12/15   |
| If you are sep separate shee    | arated and your spouset to this form. On the t                          | e is not filing with you, o<br>op of any additional pag  | lo not include info                                 | rmati  | on about your spou     | ou, include information about your spouse.<br>use. If more space is needed, attach a<br>nown). Answer every question. |
| 1. Fill in you informati        | ır employment<br>on.  |  | Debtor 1  |        |                        | Debtor 2 or non-filing spouse   |
| attach a s                      | re more than one job,<br>eparate page with<br>on about additional<br>s. | Employment status  | <ul><li>☑ Employed</li><li>☑ Not employed</li></ul> | ed     |                        | ☐ Employed ☐ Not employed   |
|                                 | art-time, seasonal, or<br>oyed work.                                    |  |   |        |                        |   |
|                                 | on may Include student naker, if it applies.                            | Occupation   | house cleaner                                       |        |                        |   |
|                                 |   | Employer's name  |   |        |                        |   |
|                                 |   | Employer's address                                       |   |        |                        |   |
|                                 |   |  | Number Street                                       |        |                        | Number Street   |
|                                 |   |  |   |        |                        |   |
|                                 |   |  | City  | Stat   | e ZIP Code             | City State ZIP Code   |
|                                 |   | How long employed the                                    | ere?  |        |                        |   |
| Part 2:                         | Give Details About  | Monthly Income   |   |        |                        |   |
| spouse ur                       | nless you are separated.  |  | -   |        |                        | rite \$0 in the space. Include your non-filing  |
|                                 |   | ive more than one employ<br>tach a separate sheet to the |   | rmatio | on for all employers f | for that person on the lines  |
|                                 |   |  |   |        | For Debtor 1           | For Debtor 2 or non-filing spouse   |
|                                 |   | ary, and commissions (be calculate what the monthly      |   | 2.     | \$_500.00              | \$ <u>0.00</u>  |
| 3. Estimate                     | e and list monthly over   | time pay.  |   | 3.     | +\$_0.00               | + \$ 0.00   |
| 4. Calculat                     | e gross income. Add lin   | ne 2 + line 3.   |   | 4.     | \$ <u>500.00</u>       | \$ <u>0.00</u>  |

Last Name

Case number (if known)\_

|   |             | For Debtor 1       |       | For Debtor 2 or non-filing spouse |                       |
|---|-------------|--------------------|-------|-----------------------------------|-----------------------|
| Copy line 4 here  | <b>→</b> 4. | \$ <u>500.00</u>   |       | \$ 0.00                           |                       |
| 5. List all payroll deductions:   |             |                    |       |                                   |                       |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.         | \$ 0.00            |       | \$ 0.00                           |                       |
| 5b. Mandatory contributions for retirement plans  | 5b.         | \$ 0.00            | _     | \$ 0.00                           |                       |
| 5c. Voluntary contributions for retirement plans  | 5c.         | \$_0.00            | _     | \$ 0.00                           |                       |
| 5d. Required repayments of retirement fund loans  | 5d.         | \$_0.00            | _     | \$_0.00                           |                       |
| 5e. Insurance   | 5e.         | \$ 0.00            | _     | \$ 0.00                           |                       |
| 5f. Domestic support obligations  | 5f.         | \$ 0.00            | _     | \$ 0.00                           |                       |
| 5g. Union dues  | 5g.         | \$ 0.00            | _     | \$ 0.00                           |                       |
| 5h. Other deductions. Specify:  | _           | +\$0.00            | _     | + \$_0.00                         |                       |
| 6. <b>Add the payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h   | n. 6.       | \$ <u>0.00</u>     | _     | \$ 0.00                           |                       |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.          | \$ <u>500.00</u>   | _     | \$_0.00                           |                       |
| 8. List all other income regularly received:  |             |                    |       |                                   |                       |
| 8a. Net income from rental property and from operating a business, profession, or farm  |             |                    |       |                                   |                       |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.         | \$_0.00            | _     | \$ <u>0.00</u>                    |                       |
| 8b. Interest and dividends  | 8b.         | \$ 0.00            | _     | \$_0.00                           |                       |
| 8c. Family support payments that you, a non-filing spouse, or a depend regularly receive  | lent        |                    |       |                                   |                       |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c.         | \$_0.00            | _     | \$_0.00                           |                       |
| 8d. Unemployment compensation   | 8d.         | \$ 0.00            | _     | \$ <u>0.00</u>                    |                       |
| 8e. Social Security   | 8e.         | \$_0.00            | _     | \$_0.00                           |                       |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistathat you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: | ance<br>8f. | \$ 0.00            | _     | \$ 0.00                           |                       |
| 8g. Pension or retirement income  | 8g.         | \$ 0.00            |       | \$ 0.00                           |                       |
| 8h. Other monthly income. Specify:  | 8h.         | +\$0.00            | _     | +\$ 0.00                          |                       |
| 9. <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.  | 9.          | \$_0.00            |       | \$ 0.00                           | ]                     |
| 10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.         | \$ <u>500.00</u>   | +     | \$_0.00                           | <b>=</b> \$ 500.00    |
| 11. State all other regular contributions to the expenses that you list in Scho   | edule J     | <br>!              |       |                                   | -                     |
| Include contributions from an unmarried partner, members of your household, friends or relatives.   | •           |                    |       |                                   |                       |
| Do not include any amounts already included in lines 2-10 or amounts that are   | e not av    | ailable to pay exp | enses |                                   |                       |
| Specify:  |             |                    |       | . 11.                             | <b>+</b> \$0.00       |
| 12. <b>Add the amount in the last column of line 10 to the amount in line 11.</b> Th Write that amount on the <i>Summary of Your Assets and Liabilities and Certain</i>   |             |                    |       | •                                 | \$ 500.00<br>Combined |
| 13. Do you expect an increase or decrease within the year after you file this  No.  | form?       |                    |       |                                   | monthly income        |
| ☐ Yes. Explain:   |             |                    |       |                                   |                       |

| Fill in this information to identify your case:   |   |                  |                               |
|---|---|------------------|-------------------------------|
| Debtor 1 Catherine Maldonado  |   |                  |                               |
| First Name Middle Name Last Name  | Check if this is:                                   |                  |                               |
| Debtor 2 (Spouse, if filing) First Name Middle Name Last Name   | —— ☐ An amended fil ☐ A supplement s                | -                | tition chapter 13             |
| United States Bankruptcy Court for the: District of New Jersey  |   | the following da | •                             |
| Case number(If known)   | MM / DD / YYYY                                      |                  |                               |
| Official Form 106J  |   |                  |                               |
| Schedule J: Your Expenses   |   |                  | 12/15                         |
| Be as complete and accurate as possible. If two married people are filing information. If more space is needed, attach another sheet to this form. O (if known). Answer every question. |   |                  |                               |
| Part 1: Describe Your Household   |   |                  |                               |
| 1. Is this a joint case?  |   |                  |                               |
| <ul><li>☑ No. Go to line 2.</li><li>☑ Yes. Does Debtor 2 live in a separate household?</li></ul>  |   |                  |                               |
| □ No  |   |                  |                               |
| ☐ Yes. Debtor 2 must file Official Forms 106J-2, Expenses for Se  | eparate Household of Debtor 2.                      |                  |                               |
|   | Dependent's relationship to<br>Debtor 1 or Debtor 2 | Dependent's age  | Does dependent live with you? |
| Debtor 2. each dependent  |   |                  | □ No                          |
| Do not state the dependents' names.   |   |                  | ☐ Yes                         |
|   |   |                  | ☐ No                          |
|   |   |                  | ☐ Yes                         |
|   |   |                  | ☐ No☐ Yes                     |
|   |   |                  | ☐ No                          |
|   |   |                  | ☐ Yes                         |
|   |   |                  | ☐ No                          |
|   |   |                  | ☐ Yes                         |
| 3. Do your expenses include expenses of people other than yourself and your dependents?   |   |                  |                               |
| yoursen and your dependents.  |   |                  |                               |
| Part 2: Estimate Your Ongoing Monthly Expenses  |   |                  |                               |
| Estimate your expenses as of your bankruptcy filing date unless you are   | =   | -                |                               |
| expenses as of a date after the bankruptcy is filed. If this is a supplemen applicable date.  | tal Schedule 3, check the box at the                | top or the form  | and mi m the                  |
| Include expenses paid for with non-cash government assistance if you k  | now the value of                                    |                  |                               |
| such assistance and have included it on Schedule I: Your Income (Official   | al Form B 106l.)                                    | Your expens      | ses                           |
| 4. The rental or home ownership expenses for your residence. Include finany rent for the ground or lot.   | rst mortgage payments and 4.                        | \$_250.00        |                               |
| If not included in line 4:  |   |                  |                               |
| 4a. Real estate taxes   | 4a.   | \$_0.00          |                               |
| 4b. Property, homeowner's, or renter's insurance  | 4b.   | \$ 0.00          |                               |
| 4c. Home maintenance, repair, and upkeep expenses   | 4c.   | \$ 0.00          |                               |
| 4d. Homeowner's association or condominium dues   | 4d.   | \$_0.00          |                               |

Catherine Maldonado
First Name Middle Name Last Name

|     |  |      | Your expenses    |
|-----|--|------|------------------|
| 5   | Additional mortgage payments for your residence, such as home equity loans   | 5.   | \$_0.00          |
|     |  | 5.   |                  |
| 6.  | Utilities:   |      | • 0.00           |
|     | 6a. Electricity, heat, natural gas   | 6a.  | \$ 0.00          |
|     | 6b. Water, sewer, garbage collection   | 6b.  | \$ 0.00          |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.  | \$ <u>100.00</u> |
|     | 6d. Other. Specify:  | 6d.  | \$_0.00          |
| 7.  | Food and housekeeping supplies   | 7.   | \$_300.00        |
| 8.  | Childcare and children's education costs   | 8.   | \$_0.00          |
| 9.  | Clothing, laundry, and dry cleaning  | 9.   | \$_0.00          |
| 10. | Personal care products and services  | 10.  | \$_0.00          |
| 11. | Medical and dental expenses  | 11.  | \$_0.00          |
| 12. | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.  | 12.  | \$ 15.00         |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.  | \$_0.00          |
| 14. | Charitable contributions and religious donations   | 14.  | \$_0.00          |
| 15. | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  |      |                  |
|     | 15a. Life insurance  | 15a. | \$_0.00          |
|     | 15b. Health insurance  | 15b. | \$_0.00          |
|     | 15c. Vehicle insurance   | 15c. | \$ 125.00        |
|     | 15d. Other insurance. Specify:   | 15d. | \$_0.00          |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:   | 16.  | \$_0.00          |
| 17. | Installment or lease payments:   |      |                  |
|     | 17a. Car payments for Vehicle 1  | 17a. | \$_0.00          |
|     | 17b. Car payments for Vehicle 2  | 17b. | \$ <u>0.00</u>   |
|     | 17c. Other. Specify:   | 17c. | \$               |
|     | 17d. Other. Specify:   | 17d. | \$               |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18.  | \$ 0.00          |
| 19. | Other payments you make to support others who do not live with you.  |      |                  |
|     | Specify:   | 19.  | \$_0.00          |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income   | э.   |                  |
|     | 20a. Mortgages on other property   | 20a. | \$_0.00          |
|     | 20b. Real estate taxes   | 20b. | \$ 0.00          |
|     | 20c. Property, homeowner's, or renter's insurance  | 20c. | \$ 0.00          |
|     | 20d. Maintenance, repair, and upkeep expenses  | 20d. | \$ 0.00          |
|     | 20e Homeowner's association or condominium dues  | 20a. | \$ 0.00          |

| Debtor 1       | Cathe<br>First Name              | rine Maldonado<br>Middle Name                  | Last Name  | _ Case                   | e number (if known) |                              |
|----------------|----------------------------------|--|--|--------------------------|---------------------|------------------------------|
| 21. <b>Ot</b>  | her. Specify:                    |  |  |                          | 21.                 | +\$_0.00                     |
| 22a<br>22l     | a. Add lines 4<br>b. Copy line 2 | 22 (monthly expense                            | es for Debtor 2), if any, from Offici<br>ult is your monthly expenses. | ial Form 106J-2          | 22.                 | \$ 790.00<br>\$<br>\$ 790.00 |
| 23. <b>Cal</b> | culate your i                    | nonthly net income                             | 9.   |                          |                     |                              |
| 23a.           | . Copy line                      | 12 (your combined r                            | monthly income) from Schedule I.                                       |                          | 23a.                | \$_500.00                    |
| 23b.           | . Copy your                      | monthly expenses f                             | from line 22 above.  |                          | 23b.                | <b>-</b> \$_790.00           |
| 23c.           | -                                | our monthly expense is your <i>monthly net</i> | es from your monthly income. income.                                   |                          | 23c.                | \$ -290.00                   |
| For            | example, do                      | you expect to finish                           | rease in your expenses within t  | ne year or do you expect | t your              |                              |
|                |                                  | ent to increase or de                          | crease because of a modification                                       | to the terms of your mo  | ortgage?            |                              |
|                |                                  | ain here:                                      |  |                          |                     |                              |

| Fill in this information to identify your case: |                           |                       |           |  |  |
|---|---------------------------|-----------------------|-----------|--|--|
| Debtor 1  | Catherine                 |                       | Maldonado |  |  |
|   | First Name                | Middle Name           | Last Name |  |  |
| Debtor 2  |                           |                       |           |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name           | Last Name |  |  |
| United States                                   | Bankruptcy Court for the: | District of New Jerse | <u> </u>  |  |  |
| Case number                                     |                           |                       |           |  |  |
|   | (If known)                |                       |           |  |  |

## ☐ Check if this is an amended filing

### Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Pa | art 1: Summarize Your Assets   |                                      |
|----|--|--------------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | Your assets Value of what you own \$ |
|    | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$ <u>2,800.00</u>                   |
|    | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                                   |
| Pa | art 2: Summarize Your Liabilities  |                                      |
|    |  | Your liabilities Amount you owe      |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                                   |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                           | \$                                   |
|    | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | <b>+</b> \$ <u>21,036.38</u>         |
|    | Your total liabilities   | \$ <u>21,036.38</u>                  |
| Pa | art 3: Summarize Your Income and Expenses  |                                      |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$ <u>500.00</u>                     |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J  | \$ 790.00                            |
|    |  |                                      |

Middle Name

Last Name

| Part 4: | Answer These Questions for Administrative and Statistical Records  |
|---------|--|
|         | Allower These Questions for Administrative and Statistical Necolds |

| 6. | Are y | ou/ | filing | for | bankr | uptcy | under | Chapters | 7, | 11, | or | 13? |
|----|-------|-----|--------|-----|-------|-------|-------|----------|----|-----|----|-----|
|----|-------|-----|--------|-----|-------|-------|-------|----------|----|-----|----|-----|

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

X Yes

### 7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 500.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim    |
|--|----------------|
| From Part 4 on Schedule E/F, copy the following:   |                |
| 9a. Domestic support obligations (Copy line 6a.)   | \$             |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$ <u>0.00</u> |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$             |
| 9d. Student loans. (Copy line 6f.)   | \$             |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$             |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | + \$           |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$ 0.00        |

| Fill in this information to identify your case: |                           |             |                  |  |
|---|---------------------------|-------------|------------------|--|
| Debtor 1  | Catherine Maldonado       | Middle Name | Last Name        |  |
| Debtor 2<br>(Spouse, if filing)                 |                           | Middle Name | Last Name        |  |
| ( )   | Bankruptcy Court for the: |             | ct Of New Jersey |  |
| Case number<br>(If known)                       |                           |             |                  |  |

☐ Check if this is an amended filing

### Official Form 106Dec

## **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below                                   |   |
|--|---|
|  |   |
|  | o is NOT an attorney to help you fill out bankruptcy forms?         |
| ĭ No   |   |
| Yes. Name of person                          | Attach Bankruptcy Petition Preparer's Notice, Declaration, and      |
|  | Signature (Official Form 119).                                      |
|  |   |
|  |   |
|  |   |
|  |   |
| Under penalty of perjury, I declare that I h | nave read the summary and schedules filed with this declaration and |
| that they are true and correct.              |   |
|  |   |
|  |   |
| /s/ Catherine Maldonado                      | ×   |
| Signature of Debtor 1                        | Signature of Debtor 2   |
| Orginature of Debitor 1                      | Olymature Of Debitor 2  |
| Date 08/28/2018                              | <b>D</b> .  |
| Date 06/20/2016<br>MM / DD / YYYY            | Date  |
|  |   |

| Fill in this in                 | formation to identify     | your case:             |                        |
|---------------------------------|---------------------------|------------------------|------------------------|
| Debtor 1                        | Catherine<br>First Name   | Middle Name            | Maldonado<br>Last Name |
| Debtor 2<br>(Spouse, if filing) | First Name                | Middle Name            | Last Name              |
| United States I                 | Bankruptcy Court for the: | District of New Jersey |                        |
| Case number (If known)          |                           |                        |                        |

☐ Check if this is an amended filing

## Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| X        | t is your current marital sta   |                       | us and Where Yo            | ou Lived Before   |                                     |
|----------|---|-----------------------|----------------------------|---|-------------------------------------|
| 2. Duri  | Not married  ng the last 3 years, have yo  No Yes. List all of the places you |                       |                            |   |                                     |
|          | Debtor 1:   |                       | Dates Debtor 1 lived there | Debtor 2:   | Dates Debtor 2<br>lived there       |
|          | Number Street   |                       | From<br>To                 | Same as Debtor 1  Number Street   | Same as Debtor 1  From  To          |
|          | City  | State ZIP Code        |                            | City State ZIP Code   |                                     |
|          | Number Street   |                       | From<br>To                 | Same as Debtor 1  Number Street   | Same as Debtor 1  From To           |
| and<br>🗓 | territories include Arizona, C  | alifornia, Idaho, Lou | iisiana, Nevada, Nev       | City State ZIP Code  alent in a community property state or territory? (Code wide Mexico, Puerto Rico, Texas, Washington, and Wiscom 106H). | community property states<br>nsin.) |

| Debtor 1 | Catherine | Maldonado |
|----------|-----------|-----------|
|          |           |           |

| Case number | (if known) |
|-------------|------------|
|             |            |

### Part 2: Explain the Sources of Your Income

| f you are filing a joint case and you have inco  | from all jobs and all busir<br>me that you receive togeth   | ner, list it only once unde  | er Debtor 1.   |   |
|--|---|--|--|---|
| No Yes. Fill in the details.   |   |  |  |   |
|  | Debtor 1  |  | Debtor 2   |   |
|  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)               |
| From January 1 of current year until the date you filed for bankruptcy:  | <ul><li>X Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>  | \$3,000.00   | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>                                       | \$  |
| For last calendar year:  (January 1 to December 31, 2017  YYYY   | <ul><li>Wages, commissions, bonuses, tips</li><li>Operating a business</li></ul>  | \$ <u>5,000.00</u>   | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>                                       | \$  |
| For the calendar year before that:  (January 1 to December 31, 2016  YYYY  | <ul><li></li></ul>  | \$ 5,000.00  | <ul><li>☐ Wages, commissions, bonuses, tips</li><li>☐ Operating a business</li></ul>                                       | \$  |
| aclude income regardless of whether that income of other public benefit payments; pensions; innings. If you are filing a joint case and you ist each source and the gross income from e  | ome is taxable. Examples rental income; interest; div have income that you rece   | of other income are alimidends; money collected bived together, list it only   | d from lawsuits; royalties; an<br>once under Debtor 1.   |   |
| pid you receive any other income during the nature income regardless of whether that income of other public benefit payments; pensions; vinnings. If you are filing a joint case and you list each source and the gross income from e No   | ome is taxable. Examples rental income; interest; div have income that you rece   | of other income are alimidends; money collected bived together, list it only   | d from lawsuits; royalties; an<br>once under Debtor 1.   |   |
| nclude income regardless of whether that income of the regardless of whether that income of the regardless of whether that income of the regardless of whether that income similar particular periods. If you are filing a joint case and you ist each source and the gross income from e  | ome is taxable. Examples rental income; interest; div have income that you rece   | of other income are alimidends; money collected bived together, list it only   | d from lawsuits; royalties; an<br>once under Debtor 1.   |   |
| actude income regardless of whether that income of other public benefit payments; pensions; innings. If you are filing a joint case and you set each source and the gross income from e  | ome is taxable. Examples rental income; interest; div have income that you receath ach source separately. Do  | of other income are alimidends; money collected bived together, list it only   | d from lawsuits; royalties; and once under Debtor 1.  It you listed in line 4.   | Gross income from each source                                       |
| actude income regardless of whether that income of other public benefit payments; pensions; innings. If you are filing a joint case and you set each source and the gross income from e  | ome is taxable. Examples rental income; interest; div have income that you receath source separately. Do  Debtor 1  Sources of income                   | of other income are alimidends; money collected eived together, list it only not include income that Gross income from each source (before deductions and                  | d from lawsuits; royalties; and ronce under Debtor 1. t you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions and                |
| clude income regardless of whether that income of other public benefit payments; pensions; innings. If you are filing a joint case and you st each source and the gross income from el No Yes. Fill in the details.  | ome is taxable. Examples rental income; interest; div have income that you receath source separately. Do  Debtor 1  Sources of income                   | of other income are alimidends; money collected eived together, list it only not include income that  Gross income from each source (before deductions and exclusions)     | d from lawsuits; royalties; and once under Debtor 1.  t you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions an exclusions)     |
| clude income regardless of whether that income do other public benefit payments; pensions; nnings. If you are filing a joint case and you st each source and the gross income from el No Yes. Fill in the details.  From January 1 of current year until   | ome is taxable. Examples rental income; interest; div have income that you receath source separately. Do  Debtor 1  Sources of income                   | of other income are alimidends; money collected elived together, list it only a not include income that  Gross income from each source (before deductions and exclusions)  | d from lawsuits; royalties; and once under Debtor 1.  t you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions ar exclusions)     |
| clude income regardless of whether that income do other public benefit payments; pensions; nnings. If you are filing a joint case and you st each source and the gross income from e No Yes. Fill in the details.  From January 1 of current year until  | ome is taxable. Examples rental income; interest; div have income that you receath source separately. Do  Debtor 1  Sources of income                   | of other income are alimidends; money collected elived together, list it only a not include income that  Gross income from each source (before deductions and exclusions)  | d from lawsuits; royalties; and once under Debtor 1.  t you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions ar exclusions)     |
| clude income regardless of whether that income of other public benefit payments; pensions; innings. If you are filing a joint case and you st each source and the gross income from etal No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,)   | pome is taxable. Examples rental income; interest; div have income that you rece ach source separately. Do  Debtor 1  Sources of income Describe below. | of other income are alimidends; money collected eived together, list it only not include income that Gross income from each source (before deductions and exclusions)  \$  | d from lawsuits; royalties; and once under Debtor 1.  t you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions an exclusions)     |
| clude income regardless of whether that income do ther public benefit payments; pensions; nnings. If you are filing a joint case and you st each source and the gross income from e No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:   | pome is taxable. Examples rental income; interest; div have income that you rece ach source separately. Do  Debtor 1  Sources of income Describe below. | of other income are alimidends; money collected eived together, list it only not include income that Gross income from each source (before deductions and exclusions)  \$  | d from lawsuits; royalties; and once under Debtor 1.  t you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions an exclusions)     |
| clude income regardless of whether that income of other public benefit payments; pensions; innings. If you are filing a joint case and you st each source and the gross income from each | pome is taxable. Examples rental income; interest; div have income that you rece ach source separately. Do Debtor 1  Sources of income Describe below.  | of other income are alimidends; money collected eived together, list it only not include income that Gross income from each source (before deductions and exclusions)  \$  | d from lawsuits; royalties; and once under Debtor 1.  t you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions an exclusions)  \$ |
| rolude income regardless of whether that income of the public benefit payments; pensions; rinnings. If you are filing a joint case and you ist each source and the gross income from each source and the gross income from each source.  I No I Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31,)   | pome is taxable. Examples rental income; interest; div have income that you rece ach source separately. Do Debtor 1  Sources of income Describe below.  | of other income are alimidends; money collected elived together, list it only not include income that Gross income from each source (before deductions and exclusions)  \$ | d from lawsuits; royalties; and once under Debtor 1.  t you listed in line 4.  Debtor 2  Sources of income Describe below. | Gross income from each source (before deductions an exclusions)     |

Last Name

| Case number (if known) |
|------------------------|
|------------------------|

| Are eit | her Do        | ebtor 1's or Deb             | tor 2's deb                  | ts primarily co                     | onsumer debt                        | s?  |  |                       |
|---------|---------------|------------------------------|------------------------------|-------------------------------------|-------------------------------------|---|--|-----------------------|
| ☐ No    |               |                              |                              |                                     |                                     | bts. Consumer debts are ousehold purpose."            | e defined in 11 U.S.C. § 101(  | (8) as                |
|         |               | •                            |                              |                                     | •                                   | ay any creditor a total of                            | \$6,425* or more?  |                       |
|         |               | No. Go to line 7.            |                              |                                     |                                     |   |  |                       |
|         |               | total amount<br>child suppor | t you paid th<br>t and alimo | nat creditor. Do<br>ny. Also, do no | o not include pa<br>ot include paym | ayments for domestic su<br>nents to an attorney for t | or more payments and the pport obligations, such as his bankruptcy case.  fter the date of adjustment. |                       |
| ☑ Yes   | s. <b>Deb</b> | otor 1 or Debtor             | 2 or both h                  | ave primarily                       | consumer del                        | ots.  |  |                       |
|         |               |                              |                              |                                     |                                     | y any creditor a total of                             | \$600 or more?   |                       |
|         | Х             | No. Go to line 7.            |                              |                                     |                                     |   |  |                       |
|         |               | creditor. Do                 | not include                  | payments for                        | domestic supp<br>ts to an attorne   | ort obligations, such as<br>y for this bankruptcy cas | se.  |                       |
|         |               |                              |                              |                                     | Dates of<br>payment                 | Total amount paid                                     | Amount you still owe   | Was this payment for. |
|         |               |                              |                              |                                     |                                     | \$  | \$   | ☐ Mortgage            |
|         |               | Creditor's Name              |                              |                                     |                                     |   |  | ☐ Car                 |
|         |               | Number Street                |                              |                                     |                                     |   |  | Credit card           |
|         |               |                              |                              |                                     |                                     |   |  | Loan repayment        |
|         |               | -                            |                              |                                     |                                     |   |  | ☐ Suppliers or vendo  |
|         |               | City                         | State                        | ZIP Code                            |                                     |   |  | Other                 |
|         |               |                              |                              |                                     |                                     | \$  | _ \$   | ☐ Mortgage            |
|         |               | Creditor's Name              |                              |                                     |                                     |   |  | ☐ Car                 |
|         |               | Number Street                |                              |                                     |                                     |   |  | Credit card           |
|         |               | Number Street                |                              |                                     |                                     |   |  | Loan repayment        |
|         |               |                              |                              |                                     |                                     |   |  | ☐ Suppliers or vendo  |
|         |               | City                         | State                        | ZIP Code                            |                                     |   |  | ☐ Other               |
|         |               |                              |                              |                                     |                                     | \$  | \$   | ☐ Mortgage            |
|         |               | Creditor's Name              |                              |                                     |                                     |   |  | ☐ Car                 |
|         |               |                              |                              |                                     |                                     |   |  | Credit card           |
|         |               | Number Street                |                              |                                     |                                     |   |  |                       |
|         |               | Number Street                |                              |                                     |                                     |   |  | Loan repayment        |
|         |               | Number Street                |                              |                                     |                                     |   |  |                       |

|  | a business you ope   |                      |                       |                   |  | securities; and any managing domestic support obligations,                        |
|--|--|----------------------|-----------------------|-------------------|--|---|
| No<br>Yes. List all paymen   | ts to an insider.  |                      |                       |                   |  |   |
|  |  |                      | Dates of payment      | Total amount paid | Amount you still owe                     | Reason for this payment   |
| Insider's Name   |  |                      |                       | \$                | \$                                       |   |
| Number Street  |  |                      |                       |                   |  |   |
|  |  |                      |                       |                   |  |   |
| City   | State Z  | IP Code              |                       |                   |  |   |
| Insider's Name   |  |                      |                       | \$                | \$                                       |   |
|  |  |                      |                       |                   |  |   |
| Number Street  |  |                      |                       |                   |  |   |
| Number Street  |  |                      |                       |                   |  |   |
| City   |  | I'IP Code            | u make any pa         | ayments or transf | er any property on                       | account of a debt that benefited  |
| City hin 1 year before your insider? lude payments on de   | u filed for bankrup  | otcy, did yo         |                       | Total amount      | er any property on  Amount you still owe | account of a debt that benefited  Reason for this payment Include creditor's name |
| City hin 1 year before your insider? lude payments on de   | u filed for bankrup  | otcy, did yo         | an insider.  Dates of | Total amount      | Amount you still                         | Reason for this payment   |
| City  chin 1 year before your insider?  clude payments on de  No  Yes. List all paymen                         | u filed for bankrup  | otcy, did yo         | an insider.  Dates of | Total amount paid | Amount you still owe                     | Reason for this payment   |
| City hin 1 year before your insider? lude payments on de No Yes. List all paymen                               | bu filed for bankrup<br>bts guaranteed or co<br>ts that benefited an | otcy, did yo         | an insider.  Dates of | Total amount paid | Amount you still owe                     | Reason for this payment   |
| City  hin 1 year before yoursider? lude payments on de  No Yes. List all paymen  Insider's Name  Number Street | bu filed for bankrup<br>bts guaranteed or co<br>ts that benefited an | cosigned by insider. | an insider.  Dates of | Total amount paid | Amount you still owe                     | Reason for this payment   |

Catherine Maldonado
First Name Middle Name

Last Name

| Part 4: | Identify L | egal Actions | , Reposs | essions, | and Fo | reclosures |
|---------|------------|--------------|----------|----------|--------|------------|

| ☐ No   |              |   |   |                |              |                           |
|--|--------------|---|---|----------------|--------------|---------------------------|
| Yes. Fill in the details.  |              |   |   |                |              |                           |
|  | Nature of    | the case  | Court or age  | псу            |              | Status of the case        |
|  | contract     |   |   |                |              |                           |
| Case title Jefferson Capital Systems v   | _            |   | Camden Cou<br>Court Name  | inty Spec. Civ | v Part       | Pending                   |
| Maldonado  |              |   |   |                |              | On appeal                 |
|  | -            |   | Number Street   |                |              | Concluded                 |
| Case number _DC-00478417   | _            |   | Camden  | NJ             |              |                           |
|  |              |   | City  | State          | ZIP Code     |                           |
|  | contract     |   |   |                | _            |                           |
| Case title Capital One Bank v  | _            |   | Camden Cou  | inty Spec Civ  | Part         | — Pending                 |
| Maldonado  |              |   |   |                |              | On appeal                 |
| aidonado   | -            |   | Number Street   |                |              | Concluded                 |
| Case number DC-00049916  | _            |   | Camden  | NJ             |              |                           |
|  |              |   | City  | State          | ZIP Code     | See Attachment 1          |
| ithin 1 year before you filed for bankrup                                      | tcy, was any | of your property  | repossessed, forecl   | osed, garnis   | hed, attache | d, seized, or levied?     |
| •  | ow.          | Danaille de annue   | 4   |                | D. U.        | Value of the annual state |
| _  | ow.          | Describe the proper   | rty   |                | Date         | Value of the property     |
| _  | ow.          | Describe the proper   | rty   |                | Date         |                           |
|  |              | Describe the proper   | rty   |                | Date         | Value of the property \$  |
| Yes. Fill in the information below.  |              | Describe the proper   |   |                | Date         |                           |
| Yes. Fill in the information below.  Creditor's Name                           |              | Explain what happe  | ened  |                | Date         |                           |
| Yes. Fill in the information below.  Creditor's Name                           |              |   | ened<br>repossessed.  |                | Date         |                           |
| Yes. Fill in the information below.  Creditor's Name                           |              | Explain what happe  Property was  | repossessed. foreclosed.  |                | Date         |                           |
| Yes. Fill in the information below.  Creditor's Name  Number Street            | Code         | Explain what happe  Property was Property was Property was  | repossessed. foreclosed.  | evied.         | Date         |                           |
| Yes. Fill in the information below.  Creditor's Name  Number Street            |              | Explain what happe  Property was Property was Property was  | repossessed. foreclosed. garnished. attached, seized, or l                                    | evied.         | Date         |                           |
| Yes. Fill in the information below.  Creditor's Name  Number Street            |              | Explain what happe  Property was Property was Property was Property was Property was                                | repossessed. foreclosed. garnished. attached, seized, or l                                    | evied.         |              | \$                        |
| Creditor's Name  Number Street  City State ZIP                                 |              | Explain what happe  Property was Property was Property was Property was Property was                                | repossessed. foreclosed. garnished. attached, seized, or l                                    | evied.         |              | \$                        |
| Yes. Fill in the information below.  Creditor's Name  Number Street            |              | Explain what happe  Property was Property was Property was Property was Property was                                | repossessed. foreclosed. garnished. attached, seized, or l                                    | evied.         |              | \$Value of the propert    |
| Creditor's Name  Number Street  City State ZIP                                 | Code         | Explain what happe  Property was Property was Property was Property was Property was                                | repossessed. foreclosed. garnished. attached, seized, or l                                    | evied.         |              | \$Value of the propert    |
| Creditor's Name  City State ZIP  Creditor's Name                               | Code         | Explain what happe Property was Property was Property was Property was Property was Explain what happe              | repossessed. foreclosed. garnished. attached, seized, or l                                    | evied.         |              | \$Value of the propert    |
| Creditor's Name  City State ZIP  Creditor's Name                               | Code         | Explain what happe Property was Property was Property was Property was Property was Explain what happe Property was | repossessed. foreclosed. garnished. attached, seized, or I                                    | evied.         |              | \$Value of the propert    |
| Creditor's Name  Number Street  City State ZIP  Creditor's Name  Number Street | Code         | Explain what happe Property was Property was Property was Property was Property was Explain what happe Property was | repossessed. foreclosed. garnished. attached, seized, or l rty  ened repossessed. foreclosed. | evied.         |              | \$Value of the propert    |

| hin 90 days before you filed for bankru<br>counts or refuse to make a payment be   | cause you owed a debt?   |  |                    |
|--|--|--|--------------------|
| No   |  |  |                    |
| Yes. Fill in the details.  |  |  |                    |
|  | Describe the action the creditor took  | Date action                              | Amount             |
| Creditor's Name  | -  | was taken                                |                    |
|  |  |  | \$                 |
| Number Street  | -  |  | Φ                  |
|  | _  |  |                    |
|  |  |  |                    |
| City State ZIP Code  | Last 4 digits of account number: XXXX  |  |                    |
| No<br>Yes  | .4:  |  |                    |
| List Certain Gifts and Contribu  | utions   |  |                    |
| No Yes. Fill in the details for each gift.   | otcy, did you give any gifts with a total value of more than \$6                     | 600 per person?                          |                    |
| No   | otcy, did you give any gifts with a total value of more than \$6  Describe the gifts | Dates you gave the gifts                 | Value              |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600  |  | Dates you gave                           | Value              |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600  |  | Dates you gave                           | Value<br>\$        |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person   |  | Dates you gave                           | Value<br>\$        |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person   |  | Dates you gave                           | <b>Value</b> \$\$  |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift   |  | Dates you gave                           | Value \$\$         |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  |  | Dates you gave                           | Value \$\$         |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift   |  | Dates you gave                           | <b>Value</b> \$\$  |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  |  | Dates you gave                           | Value  \$ \$       |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code   |  | Dates you gave                           | Value  \$ \$ Value |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600  | Describe the gifts   | Dates you gave the gifts  Dates you gave | \$\$  Value        |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600  | Describe the gifts   | Dates you gave the gifts  Dates you gave | \$<br>\$           |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift | Describe the gifts   | Dates you gave the gifts  Dates you gave | \$\$  Value        |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person                                   | Describe the gifts   | Dates you gave the gifts  Dates you gave | \$\$ Value \$      |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift | Describe the gifts   | Dates you gave the gifts  Dates you gave | \$\$ Value \$      |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State ZIP Code  Person's relationship to you  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift | Describe the gifts   | Dates you gave the gifts  Dates you gave | \$\$ Value \$      |

Catherine Maldonado
First Name Middle Name

Last Name

| 14. W | ithin 2 years before you filed for bankrupto                   | cy, did you give any gifts or contributions with a total value  | of more than \$600    | to any charity?        |
|-------|--|---|-----------------------|------------------------|
|       | 】No<br>】Yes. Fill in the details for each gift or contri       | bution.   |                       |                        |
|       | Gifts or contributions to charities that total more than \$600 | Describe what you contributed   | Date you contributed  | Value                  |
|       | Charity's Name   |   |                       | \$                     |
|       | Number Street  |   |                       | \$                     |
|       |  |   |                       |                        |
|       | City State ZIP Code  |   |                       |                        |
| Part  | 6: List Certain Losses   |   |                       |                        |
|       | ithin 1 year before you filed for bankruptc<br>r gambling?     | y or since you filed for bankruptcy, did you lose anything be   | ecause of theft, fire | e, other disaster,     |
| X     | No Yes. Fill in the details.                                   |   |                       |                        |
|       | Describe the property you lost and how the loss occurred       | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.        | Date of your loss     | Value of property lost |
|       |  |   |                       | \$                     |
| Part  | 7: List Certain Payments or Trans                              | fers  |                       |                        |
| C     | onsulted about seeking bankruptcy or pre                       | y, did you or anyone else acting on your behalf pay or trans<br>paring a bankruptcy petition?<br>parers, or credit counseling agencies for services required in you |                       | anyone you             |
|       | No Yes. Fill in the details.                                   | ,   |                       |                        |
|       |  | Description and value of any property transferred   | Date payment or       | Amount of payment      |
|       | Ned M Mazer, Esq. Person Who Was Paid                          |   | transfer was made     |                        |
|       | 31 Station Avenue  Number Street                               |   | 08/01/18              | \$ <u>1,400.00</u>     |
|       | Somerdale NJ 08083 City State ZIP Code                         |   |                       | \$                     |
|       | Email or website address                                       |   |                       |                        |
|       | Person Who Made the Payment, if Not You                        |   |                       |                        |

Catherine Maldonado
First Name Middle Name

Last Name

| Debtor 1   | Catherine Maldonado   |   | Case number (if known)                        |                                   |                        |
|------------|---|---|---|-----------------------------------|------------------------|
|            | First Name Middle Name Las  | t Name  |   |                                   |                        |
|            |   | Description and value of any property tra     | ansferred                                     | Date payment or transfer was made | Amount of payment      |
|            | Person Who Was Paid   |   |   |                                   | \$                     |
|            | Number Street   |   |   |                                   | \$                     |
|            | City State ZIP Code   |   |   |                                   |                        |
|            | City State ZIP Code   |   |   |                                   |                        |
|            | Email or website address  | _   |   |                                   |                        |
|            | Person Who Made the Payment, if Not You   |   |   |                                   |                        |
|            | No<br>Yes. Fill in the details.   | Description and value of account              | and and                                       | Data was series                   | Amount - 6             |
|            | res. I iii iii tile details.  | Description and value of any property tra     | ansferred                                     | Date payment or                   | Amount of paymen       |
|            |   |   |   | transfer was made                 |                        |
|            | Person Who Was Paid   |   |   |                                   | \$                     |
|            | Number Street   |   |   |                                   | \$                     |
|            | City State ZIP Code   |   |   |                                   |                        |
|            | hin 2 years before you filed for bankru<br>Insferred in the ordinary course of your   | otcy, did you sell, trade, or otherwise tra   | ansfer any property to                        | anyone, other than                | property               |
| Incl<br>Do | ude both outright transfers and transfers not include gifts and transfers that you ha | made as security (such as the granting of     | a security interest or m                      | ortgage on your prop              | perty).                |
|            |   | Description and value of property transferred | Describe any property or debts paid in exchai |                                   | Date transfer was made |
|            | Person Who Received Transfer  |   |   |                                   |                        |
|            | Number Street   |   |   |                                   |                        |
|            | City State ZIP Code   |   |   |                                   |                        |
|            | Person's relationship to you  |   |   |                                   |                        |
|            | Person Who Received Transfer  |   |   |                                   |                        |

City

Number Street

Person's relationship to you \_\_\_\_

State

ZIP Code

| a With      | nin 10 years before you filed for bankru  | intev did you transfer any propert                            | v to a self-settled trust     | or similar device of wh               | ich vou                                    |
|-------------|---|---|-------------------------------|---------------------------------------|--|
|             | a beneficiary? (These are often called a  |   | y to a con comou nace         | or ommar dovido or mi                 | ion you                                    |
| × N         | No  |   |                               |                                       |  |
|             | Yes. Fill in the details.   |   |                               |                                       |  |
|             |   |   |                               |                                       |  |
|             |   | Description and value of the prope                            | rty transferred               |                                       | Date transfer<br>was made                  |
|             |   |   |                               |                                       | was made                                   |
|             |   |   |                               |                                       |  |
| N           | Name of trust   | -   |                               |                                       |  |
|             |   |   |                               |                                       |  |
| -           |   | -   |                               |                                       |  |
|             |   |   |                               |                                       |  |
| art R       | List Certain Financial Accounts   | e Instruments Safe Denosit F                                  | Roves and Storage I           | Inite                                 |  |
|             | nin 1 year before you filed for bankrupt  |   |                               |                                       |  |
| brok        | ude checking, savings, money market,<br>kerage houses, pension funds, cooper<br>No<br>Yes. Fill in the details.                       |   | _                             | es in banks, credit unio              | ons,                                       |
| <b>–</b> 1  | res. Fill in the details.   |   |                               |                                       |  |
|             |   | Last 4 digits of account number                               | Type of account or instrument | Date account was closed, sold, moved, | Last balance before<br>closing or transfer |
|             |   |   | instrument                    | or transferred                        | closing of transfer                        |
|             |   |   |                               |                                       |  |
|             | Name of Financial Institution   | xxxx  | ☐ Checking                    |                                       | \$   |
|             | Number Street   |   | ☐ Savings                     |                                       |  |
|             | Number Street   |   | ☐ Money market                |                                       |  |
|             |   |   | ☐ Brokerage                   |                                       |  |
|             | City State ZIP Code   |   | Other                         |                                       |  |
| -           |   |   | Other                         |                                       |  |
|             |   |   | <b>D</b>                      |                                       |  |
|             | Name of Financial Institution   | XXXX  | ☐ Checking                    | <del></del>                           | \$   |
|             |   |   | ☐ Savings                     |                                       |  |
|             | Number Street   |   | ☐ Money market                |                                       |  |
|             |   |   | ☐ Brokerage                   |                                       |  |
|             |   |   | ■ Brokerage                   |                                       |  |
|             |   |   |                               |                                       |  |
|             | City State ZIP Code   |   | Other                         |                                       |  |
| secu<br>×   | you now have, or did you have within 1<br>urities, cash, or other valuables?  | year before you filed for bankrup                             | Other                         | ox or other depository                | ior  |
| secu<br>×   | you now have, or did you have within 1<br>urities, cash, or other valuables?<br>No  | year before you filed for bankrupt Who else had access to it? | Other                         |                                       | for<br>Do you still                        |
| seci        | you now have, or did you have within 1<br>urities, cash, or other valuables?<br>No  |   | Other                         |                                       |  |
| seci        | you now have, or did you have within 1<br>urities, cash, or other valuables?<br>No  |   | Other                         |                                       | Do you still                               |
| seci<br>×   | you now have, or did you have within 1<br>urities, cash, or other valuables?<br>No<br>Yes. Fill in the details.                       | Who else had access to it?                                    | Other                         |                                       | Do you still have it?                      |
| seci        | you now have, or did you have within 1<br>urities, cash, or other valuables?<br>No  |   | Other                         |                                       | Do you still have it?                      |
| seci        | you now have, or did you have within 1<br>urities, cash, or other valuables?<br>No<br>Yes. Fill in the details.                       | Who else had access to it?                                    | Other                         |                                       | Do you still have it?                      |
| secu<br>× N | you now have, or did you have within 1 urities, cash, or other valuables? No Yes. Fill in the details.  Name of Financial Institution | Who else had access to it?                                    | Other                         |                                       | Do you still have it?                      |

Catherine Maldonado
First Name Middle Name

Last Name

| Debtor 1   | Catherine Maldonado                         |  | Case number (if known)                   |                       |
|------------|---|--|--|-----------------------|
| 000001     | First Name Middle Name Las                  | st Name  | Case Hambel (# Khown)                    |                       |
|            |   |  |  |                       |
| 22 Have    | a you stared property in a starege unit     | or place other than your home with   | in 1 year hefere you filed for bankrunt  | ov2                   |
| 22. nav    | e you stored property in a storage unit     | or place other than your nome with   | iii i year before you filed for bankrupt | cy :                  |
|            | · · ·                                       |  |  |                       |
|            | Yes. Fill in the details.                   |  |  |                       |
|            |   | Who else has or had access to it?  | Describe the contents                    | Do you still have it? |
|            |   |  |  | nave it?              |
|            |   |  |  | □ No                  |
|            | Name of Storage Facility                    | Name   |  | ☐ Yes                 |
|            |   |  |  |                       |
|            | Number Street                               | Number Street  |  |                       |
|            |   |  |  |                       |
|            |   | City State ZIP Code  |  |                       |
|            |   | Onyonate En Odde   |  |                       |
|            | City State ZIP Code                         |  |  |                       |
|            |   |  |  |                       |
| Part 9     | Identify Property You Hold                  | or Control for Someone Else  |  |                       |
|            |   |  |  |                       |
| 23. Do     | you hold or control any property that s     | someone else owns? Include any p   | operty you borrowed from, are storing    | រូ for,               |
| or         | hold in trust for someone.                  |  |  |                       |
| Х          | No  |  |  |                       |
|            | Yes. Fill in the details.                   |  |  |                       |
|            |   | Where is the property?   | Describe the property                    | Value                 |
|            |   |  |  |                       |
|            |   |  |  |                       |
|            | Owner's Name                                |  |  | \$                    |
|            |   | Number Circui  |  |                       |
|            | Number Street                               | Number Street  |  |                       |
|            |   |  |  |                       |
|            |   |  |  |                       |
|            | City State ZIP Code                         | City State ZII   | P Code                                   |                       |
|            |   |  |  |                       |
| Part '     | O: Give Details About Environ               | mental Information   |  |                       |
| C = 1 4 l= | a manage of Don't 40, the following defi    | in Managamah.  |  |                       |
|            | e purpose of Part 10, the following defi    | ****   |  |                       |
|            | vironmental law means any federal, sta      |  |  |                       |
|            | zardous or toxic substances, wastes, o      |  | _  | dium,                 |
| inc        | luding statutes or regulations controlli    | ing the cleanup of these substance   | s, wastes, or material.                  |                       |
| ■ Sit      | e means any location, facility, or prope    | rty as defined under any environme   | ental law, whether you now own, opera    | ıte, or utilize       |
| it c       | or used to own, operate, or utilize it, inc | luding disposal sites.   |  |                       |
| ■ Ha       | zardous material means anything an er       | nvironmental law defines as a haza   | rdoue waste hazardous substance to       | vic                   |
|            | bstance, hazardous material, pollutant,     |  | dous waste, nazardous substance, to      | AIC                   |
| Jul        | ostanos, nazaraous materiai, ponatant,      | , contaminant, or chinar term.   |  |                       |
| Repor      | t all notices, releases, and proceedings    | s that you know about, regardless o  | of when they occurred.                   |                       |
|            |   |  |  |                       |
| 24. Has    | s any governmental unit notified you th     | at you may be liable or potentially I  | iable under or in violation of an enviro | nmental law?          |
|            |   |  |  |                       |
|            | No  |  |  |                       |
| Ц          | Yes. Fill in the details.                   |  |  |                       |
|            |   | Governmental unit  | Environmental law, if you know it        | Date of notice        |
|            |   |  | ,, <b>, ,</b>                            |                       |
|            |   |  |  |                       |
|            | Name of alta                                |  |  |                       |
|            | Name of site                                | Governmental unit  |  |                       |
|            |   | Name of the control o |  |                       |
|            | Number Street                               | Number Street  |  |                       |
|            |   |  |  |                       |
|            |   | City State ZIP Code  |  |                       |
|            |   |  |  |                       |
|            | City State ZIP Code                         |  |  |                       |

| De | btor | 1 |
|----|------|---|
|    |      |   |

| Catherine Maldonado |             |           | Case number (if known) |
|---------------------|-------------|-----------|------------------------|
| First Name          | Middle Name | Last Name |                        |

| 5. Have you notified any governmental u | nit of any release of hazardous mater                               | al?  |                          |
|---|---|--|--------------------------|
| ☑ No                                    |   |  |                          |
| Yes. Fill in the details.               |   |  |                          |
|   | Governmental unit   | Environmental law, if you know it                  | Date of notice           |
|   |   |  |                          |
| Name of site                            | Governmental unit   | -  |                          |
| Name of site                            | Governmental unit   |  |                          |
| Number Street                           | Number Street   | -  |                          |
|   | City State ZIP Code   | -  |                          |
| City State ZIP Co                       | de  |  |                          |
| Have you been a party in any judicial c | r administrative proceeding under an                                | y environmental law? Include settlement            | s and orders.            |
| □ No                                    |   |  |                          |
| Yes. Fill in the details.               |   |  |                          |
|   | Court or agency   | Nature of the case                                 | Status of the            |
|   | court of agoney   | Tatal of the sase                                  | case                     |
| Case title                              |   |  | ☐ Pending                |
|   | Court Name  |  | On appea                 |
|   |   |  |                          |
|   | Number Street   |  | Conclude                 |
| Case number                             |   |  |                          |
| Gues number                             | City State ZIP C  | ode  |                          |
|   | Business or Connections to Any kruptcy, did you own a business or h | Business ave any of the following connections to a | nv business?             |
|   | yed in a trade, profession, or other ac                             |  | ,                        |
| ■ A member of a limited liability       | company (LLC) or limited liability part                             | nership (LLP)                                      |                          |
| A partner in a partnership              |   |  |                          |
| An officer, director, or managing       | ng executive of a corporation                                       |  |                          |
| ☐ An owner of at least 5% of the        | voting or equity securities of a corpo                              | ration   |                          |
| ☑ No. None of the above applies. Go     | to Part 12.   |  |                          |
| Yes. Check all that apply above an      |   | iness.   |                          |
|   | Describe the nature of the busine                                   | ss Employer Identification                         | n number                 |
| Business Name                           |   | Do not include Social                              | Security number or ITIN. |
|   |   | EIN: -   |                          |
| Number Street                           |   | EIN  |                          |
| - Circui                                | Name of accountant or bookkeep                                      | er Dates business existed                          | d .                      |
|   |   |  |                          |
|   |   | From To  | ·                        |
| City State ZIP Co                       | de  |  |                          |
|   | Describe the nature of the busine                                   |  |                          |
| Business Name                           |   | Do not include Social S                            | Security number or ITIN. |
|   |   | FIN· _   |                          |
| Number Street                           |   |  |                          |
|   | Name of accountant or bookkeep                                      | er Dates business existed                          | d                        |
|   |   |  |                          |
|   |   | From To  | <b></b>                  |
| City State ZIP Co                       | de  |  |                          |

| Debtor 1 | Catherine Maldonado                       | Case nu   | ımber (if known)   |  |  |
|----------|---|---|--|--|--|
|          | First Name Middle Name Last N             | ne  |  |  |  |
|          |   |   |  |  |  |
|          |   |   | Employer Identification number   |  |  |
|          |   | Describe the nature of the business               | Do not include Social Security number or ITIN.   |  |  |
|          | Business Name                             |   |  |  |  |
|          |   |   | EIN:   |  |  |
|          |   |   |  |  |  |
|          | Number Street                             | Name of accountant or bookkeeper                  | Dates business existed   |  |  |
|          |   |   |  |  |  |
|          |   |   |  |  |  |
|          | Oliver 710 Contra                         |   | From To  |  |  |
|          | City State ZIP Code                       |   |  |  |  |
|          |   |   |  |  |  |
|          |   |   |  |  |  |
| 28. Witl | hin 2 years before you filed for bankrupt | cy, did you give a financial statement to anyon   | e about your business? Include all financial   |  |  |
|          | titutions, creditors, or other parties.   |   | •  |  |  |
|          |   |   |  |  |  |
|          |   |   |  |  |  |
| ш        | Yes. Fill in the details below.           |   |  |  |  |
|          |   | Date issued                                       |  |  |  |
|          |   |   |  |  |  |
|          |   |   |  |  |  |
|          | Name                                      |   |  |  |  |
|          | Name                                      | MM / DD / YYYY                                    |  |  |  |
|          |   |   |  |  |  |
|          | Number Street                             |   |  |  |  |
|          |   |   |  |  |  |
|          |   |   |  |  |  |
|          |   |   |  |  |  |
|          | City State ZIP Code                       |   |  |  |  |
|          |   |   |  |  |  |
|          |   |   |  |  |  |
|          |   |   |  |  |  |
| D- 44    | O' - Dala                                 |   |  |  |  |
| Part 1   | 2: Sign Below                             |   |  |  |  |
|          |   |   |  |  |  |
|          |   | t of Financial Affairs and any attachments, and   | I declare under penalty of perjury that the<br>operty, or obtaining money or property by fraud |  |  |
|          |   | result in fines up to \$250,000, or imprisonmen   |  |  |  |
|          | U.S.C. §§ 152, 1341, 1519, and 3571.      | , , , , , , , , , , , , , , , , , , ,             |  |  |  |
|          |   |   |  |  |  |
|          |   |   |  |  |  |
| <b>.</b> | s/ Catherine Maldonado                    | *   |  |  |  |
|          |   | Signature of Debtor 2                             | <del></del>  |  |  |
|          | Signature of Debtor 1                     | Signature of Deptor 2                             |  |  |  |
|          | - 29 August 2049                          | -   |  |  |  |
|          | Date 28 August 2018                       | Date  |  |  |  |
| Di       | d you attach additional pages to Your Sa  | tatement of Financial Affairs for Individuals Fil | ing for Bankruptcy (Official Form 107)?  |  |  |
|          |   |   |  |  |  |
| LX       |   |   |  |  |  |
| ш        | Yes                                       |   |  |  |  |
|          |   |   |  |  |  |
|          |   |   |  |  |  |

☑ No

☐ Yes. Name of person\_

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Attachment Debtor: Catherine Maldonado Case No:

Attachment 1 Additional Lawsuits, Court Actions, or Administrative Proceedings

Case Title: Midland Funding v Maldonado

Case Number: DC-00656615 Nature of Case: contract

Court or Agency's Name: Camden County Spec Civ Part

Court or Agency's Address: Camden, NJ

Status of Case: Concluded

| Fill in this information to identify your case:  |  |                                     |   | only as directed in this form and in   |
|--|--|-------------------------------------|---|--|
| Debtor 1 Catherine Maldonado   |  |                                     | Form 122A-1Sup  | p:   |
| First Name Middle Name Li Debtor 2   | ast Name   |                                     | 1. There is no  | presumption of abuse.  |
|  | ast Name   |                                     | abuse applie  | ion to determine if a presumption of<br>es will be made under <i>Chapter 7</i><br><i>Calculation</i> (Official Form 122A–2). |
| Case number(If known)  |  |                                     | ☐ 3. The Means  | Test does not apply now because of itary service but it could apply later.   |
|  |  |                                     | <b>D</b>  |  |
|  |  |                                     | ☐ Check if this   | is an amended filing   |
| Official Form 122A—1   |  |                                     |   |  |
| <del></del>  | ······································                                   | 4hl                                 | v Income  |  |
| Chapter 7 Statement of Your C  | urrent Mo  | ntni                                | y income  | 12/15  |
| Be as complete and accurate as possible. If two married peop space is needed, attach a separate sheet to this form. Include additional pages, write your name and case number (if known do not have primarily consumer debts or because of qualifyin Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this  Part 1: Calculate Your Current Monthly Income | the line number to v<br>). If you believe that<br>g military service, co | which th<br>you are                 | e additional inform a exempted from a                     | mation applies. On the top of any presumption of abuse because you   |
| What is your marital and filing status? Check one only.  |  |                                     |   |  |
| Not married. Fill out Column A, lines 2-11.  |  |                                     |   |  |
| ☐ Married and your spouse is filing with you. Fill out both  | h Columns A and B, li  | ines 2-1                            | 1.  |  |
| Married and your spouse is NOT filing with you. You a  | and your spouse are  | <b>)</b> :                          |   |  |
| ☐ Living in the same household and are not legally   | separated. Fill out b  | oth Colu                            | mns A and B, lines  | 2-11.  |
| Living separately or are legally separated. Fill out under penalty of perjury that you and your spouse ar spouse are living apart for reasons that do not include  | e legally separated u  | nder nor                            | bankruptcy law tha  | at applies or that you and your  |
| Fill in the average monthly income that you received from bankruptcy case. 11 U.S.C. § 101(10A). For example, if you August 31. If the amount of your monthly income varied durin Fill in the result. Do not include any income amount more that income from that property in one column only. If you have not   | are filing on Septem<br>og the 6 months, add t<br>n once. For example,   | ber 15, t<br>the incor<br>if both s | he 6-month period one for all 6 months appuses own the sa | would be March 1 through and divide the total by 6.  |
|  |  |                                     | Column A Debtor 1   | Column B Debtor 2 or non-filing spouse   |
| Your gross wages, salary, tips, bonuses, overtime, and c (before all payroll deductions).  | ommissions   |                                     | \$500.00  | \$   |
| Alimony and maintenance payments. Do not include paym Column B is filled in.   | ents from a spouse if  |                                     | \$0.00  | \$   |
| 4. All amounts from any source which are regularly paid for of you or your dependents, including child support. Inclufrom an unmarried partner, members of your household, your and roommates. Include regular contributions from a spouse filled in. Do not include payments you listed on line 3.  | de regular contribution de regular contribution de dependents, parents   | ns<br>s,                            | \$0.00  | \$   |
| Net income from operating a business, profession, or farm  | btor 1 Debtor 2  |                                     |   |  |
| Gross receipts (before all deductions) \$  | <u> </u>   |                                     |   |  |
| Ordinary and necessary operating expenses - \$   | <u> </u>   |                                     |   |  |
| Net monthly income from a business, profession, or farm \$   | <u> </u>   | Copy<br>here→                       | \$0.00_   | \$   |
| 6. Net income from rental and other real property Gross receipts (before all deductions)   | btor 1 Debtor 2<br>0.00 \$   |                                     |   |  |
| Ordinary and necessary operating expenses - \$   | s0.00 - \$   |                                     |   |  |
| Net monthly income from rental or other real property  | <u> </u>   | Copy<br>here→                       | \$0.00  | \$   |
| 7. Interest, dividends, and royalties  |  |                                     | \$  | \$   |

| Debtor 1        | Catherine Maldonado  |   | Case number       | r (if known)_ |  |                            |
|-----------------|--|---|-------------------|---------------|--|----------------------------|
|                 | First Name Middle Name Last Name   |   |                   |               |  |                            |
|                 |  |   | Column A Debtor 1 |               | Column B Debtor 2 or non-filing spouse |                            |
| 8. <b>Une</b>   | employment compensation  |   | \$                | 0.00          | \$                                     |                            |
|                 | not enter the amount if you contend that the amount r<br>der the Social Security Act. Instead, list it here:   |   |                   |               |  |                            |
| F               | For you  | \$  |                   |               |  |                            |
| F               | For your spouse  | \$  |                   |               |  |                            |
|                 | nsion or retirement income. Do not include any amonefit under the Social Security Act.   | ount received that was a                                    | \$                | 0.00          | \$                                     |                            |
| Do<br>as        | ome from all other sources not listed above. Specinot include any benefits received under the Social Sea victim of a war crime, a crime against humanity, or incorism. If necessary, list other sources on a separate process. | curity Act or payments received<br>nternational or domestic | I                 |               |  |                            |
| _               |  |   | \$                |               | \$                                     |                            |
| _               |  |   | \$                |               | \$                                     |                            |
| To              | otal amounts from separate pages, if any.  |   | + \$              | 0.00          | + \$                                   |                            |
|                 | <b>Iculate your total current monthly income.</b> Add line umn. Then add the total for Column A to the total for C   |   | \$50              | 00.00         | + \$                                   | = \$ 500.00  Total current |
| Part 2          | Determine Whether the Means Test App   | lies to You   |                   |               |  | monthly income             |
| 12. <b>Cal</b>  | culate your current monthly income for the year. F   |   |                   |               | _                                      |                            |
| 12a             | . Copy your total current monthly income from line 1   | 1   |                   | C             | opy line 11 here                       | \$500.00                   |
|                 | Multiply by 12 (the number of months in a year).   |   |                   |               |  | <b>x</b> 12                |
| 12b             | . The result is your annual income for this part of the  | e form.   |                   |               | 12b.                                   | \$ <u>6,000.00</u>         |
| 13. <b>Ca</b> l | culate the median family income that applies to yo   | ou. Follow these steps:                                     |                   |               |  |                            |
| Fill            | in the state in which you live.  | New Jersey  |                   |               |  |                            |
|                 | in the number of people in your household.   | 1   |                   |               | 1                                      |                            |
|                 | in the median family income for your state and size of   |   |                   |               | 13.                                    | \$ <u>66,284.00</u>        |
| ins             | find a list of applicable median income amounts, go of tructions for this form. This list may also be available a  |   | ne separate       | е             |  |                            |
| 14. <b>Ho</b>   | w do the lines compare?  |   |                   |               |  |                            |
| 14a             | Line 12b is less than or equal to line 13. On the Go to Part 3.  | top of page 1, check box 1, The                             | ere is no pre     | esumptic      | on of abuse.                           |                            |
| 14b             | Line 12b is more than line 13. On the top of pag<br>Go to Part 3 and fill out Form 122A–2.   | e 1, check box 2, The presumpt                              | tion of abus      | se is dete    | ermined by Form 122                    | 4-2.                       |
| Part 3          | Sign Below   |   |                   |               |  |                            |
|                 | By signing here, I declare under penalty of perjur   | y that the information on this sta                          | atement and       | d in any      | attachments is true a                  | nd correct.                |
|                 | ✗ /s/ Catherine Maldonado  | ×   |                   |               |  |                            |
|                 | Signature of Debtor 1  |   | nature of Deb     | btor 2        |  | <del></del>                |
|                 | Date <b>08/28/2018</b>   | Dat   | e                 |               |  |                            |
|                 | MM / DD / YYYY   | . 1004 0  | MM / DD           | / YYYY        | ,                                      |                            |
|                 | If you checked line 14a, do NOT fill out or file Form  |   |                   |               |  |                            |
|                 | If you checked line 14b, fill out Form 122A-2 and fi   | ie it with this form.                                       |                   |               |  |                            |

# United States Bankruptcy Court DISTRICT OF NEW JERSEY

| In | re<br>Catherine Maldonado   |  |
|----|---|--|
|    |   | Case No  |
| De | ebtor   | Chapter 7  |
|    | DISCLOSURE OF COMPENSA  | ATION OF ATTORNEY FOR DEBTOR   |
| 1. | named debtor(s) and that compensation paid to n                                       | P. 2016(b), I certify that I am the attorney for the above ne within one year before the filing of the petition in ces rendered or to be rendered on behalf of the debtor(s) in ruptcy case is as follows: |
|    | For legal services, I have agreed to accept   | \$ <u>1,000.00</u>   |
|    | Prior to the filing of this statement I have receive                                  | ed   |
|    | Balance Due   | \$ <u>0.00</u>   |
| 2. | The source of the compensation paid to me was:  |  |
|    | Nother (specification)  | y)   |
| 3. | The source of compensation to be paid to me is:                                       |  |
|    | X Debtor Other (specif  | y)   |
| 4. | X I have not agreed to share the above-disc<br>members and associates of my law firm. | closed compensation with any other person unless they are  |
|    |   | ed compensation with a other person or persons who are not<br>py of the agreement, together with a list of the names of the<br>ned.  |
| 5. | In return for the above-disclosed fee, I have agree case, including:                  | ed to render legal service for all aspects of the bankruptcy   |
|    | a. Analysis of the debtor's financial situation, a file a petition in bankruptcy;     | and rendering advice to the debtor in determining whether to   |
|    | b. Preparation and filing of any petition, schedu                                     | ules, statements of affairs and plan which may be required;  |
|    | c. Representation of the debtor at the meeting of hearings thereof;                   | of creditors and confirmation hearing, and any adjourned   |

|    | d.       | Representation-of-the debtor-in-adversary-proceedings and other-contested-bankruptcy-matters;-  |
|----|----------|---|
|    | e.       | [Other provisions as needed]  |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          |   |
| 6. | Ву       | agreement with the debtor(s), the above-disclosed fee does not include the following services:  |
|    | re<br>at | presentation at additional 341 hearings, motions, contested matters, adversary complaints torney hourly rate \$250.00/hr  |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          |   |
|    |          | CERTIFICATION   |
|    |          | I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. |
|    |          | August 28, 2018 /s/ Ned Mazer   |
|    |          | Date Signature of Attorney  |

Name of law firm

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11— Reorganization
- Chapter 12— Voluntary repayment plan for family farmers or fishermen
- Chapter 13— Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Cha | oter 7: | Liquidation        |
|-----|---------|--------------------|
|     | \$245   | filing fee         |
|     | •       | administrative fee |
| +   | \$15    | trustee surcharge  |
|     | \$335   | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law.

Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### **Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

# Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition* for *Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Atantic City Electric Attn: Youngblood, Franklin, Sampoli & C Cornerstone Comerce Center 120 New Road, Ste 230 Linwood, NJ 08221-1159

Atlantic City Electric PO Box 597 Mays Landing, NJ 08330

Capital One 15000 Capital One Dr Richmond, VA 23238

Convergent Outsourcing, Inc. 800 Sw 39th St Renton, WA 98057

Credit One Bank Po Box 98875 Las Vegas, NV 89193

Debt Recovery Solution 6800 Jericho Turnpike Syosset, NY 11791

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

Financial Recoveries 200 E Park Dr Ste 100 Mount Laurel, NJ 08054

Fingerhut 6250 Ridgewood Road Saint Cloud, MN 56303 First Nataional Bank/Legacy 500 E 60th St N Sioux Falls, SD 57104

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

Merrick Bank/CardWorks Po Box 9201 Old Bethpage, NY 11804

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108

MOHELA/Debt of Ed 633 Spirit Drive Chesterfield, MO 63005

Portfolio Recovery 120 Corporate Blvd Ste 1 Norfolk, VA 23502

Synchrony Bank/ Old Navy Po Box 965005 Orlando, FL 32896

Target Po Box 673 Minneapolis, MN 55440

U.S. Department of Education Po Box 4222 Iowa City, IA 52244 US Dept of Education Po Box 5609 Greenville, TX 75403

## UNITED STATES BANKRUPTCY COURT District of New Jersey

#### STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. § 341

#### INTRODUCTION

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Bankruptcy Administrator has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of -

- the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts in bankruptcy;
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This statement contains only general principles of law and is not a substitute for legal advice. If you have any questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

#### WHAT IS A DISCHARGE?

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed in your bankruptcy schedules. A discharge is a court order that says that you do not have to repay your debts, but there are a number of exceptions. Debts which usually may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; debts which were not listed in your bankruptcy schedules; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to repay debts which have been discharged. You can only receive a chapter 7 discharge once every eight (8) years.

#### WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying debts that were not listed on your bankruptcy schedules or that you incurred after you filed bankruptcy. There are exceptions to this general statement. See your lawyer if you have questions.

#### WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?

After you file your bankruptcy petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court sixty (60) days after the first meeting of creditors.

Reaffirmation agreements are strictly voluntary. They are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt. This is particularly true when property you wish to retain is collateral for a debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues an order of discharge or within sixty (60) days after you filed the reaffirmation agreement with the court, whichever is later.

If you reaffirm a debt and fail to make the payments as required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any deficiency. In addition, creditors may seek other remedies, such as garnishment of wages.

### OTHER BANKRUPTCY OPTIONS

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtors' farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtors must pay the chapter 13 trustee the amount set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,000,000 (\$250,000 in unsecured debts and \$750,000 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.

By signing below, I/we acknowledge that I/we have received a copy of this document, and that I/we have had an opportunity to discuss the information in this document with an attorney of my/our choice.

| Date | August 28, 2018 | /s/ Catherine Maldonado | /s/ Catherine Maldonado |  |
|------|-----------------|-------------------------|-------------------------|--|
|      |                 | Catherine Maldonado     |                         |  |
|      |                 |                         |                         |  |
|      |                 |                         |                         |  |
|      |                 |                         |                         |  |
|      |                 |                         |                         |  |
|      |                 |                         |                         |  |

### WRITTEN NOTICE REQUIRED UNDER SECTION 527(a)(2)

All information that you are required to provide with a petition and thereafter during a case under title 11 ("Bankruptcy") of the United States Code is required to be complete, accurate, and truthful.

All assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset as defined in title 11 United States Code section 506 must be stated in those documents where requested after reasonable inquiry to establish such value.

Current monthly income, the amounts specified in section 707(b)(2), and, in a case under chapter 13 of title 11, disposable income (determined in accordance with section 707(b)(2)), are required to be stated after reasonable inquiry.

Information that you provide during your case may be audited pursuant to title 11. Failure to provide such information may result in dismissal of the case under title 11 or other sanction, including criminal sanctions.

| Date Au | Pate August 28, 2018 | /s/ Catherine Maldonado |  |
|---------|----------------------|-------------------------|--|
|         | _                    | Catherine Maldonado     |  |
|         |                      | Debtor                  |  |
|         |                      |                         |  |
|         |                      |                         |  |
|         |                      | Joint Debtor            |  |
|         |                      | /s/ Ned Mazer           |  |
|         |                      | Ned Mazer               |  |
|         |                      | Attorney for Debtor(s)  |  |

## IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY OR BANKRUPTCY PETITION PREPARER

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. THE LAW REQUIRES AN ATTORNEY OR BANKRUPTCY PETITION PREPARER TO GIVE YOU A WRITTEN CONTRACT SPECIFYING WHAT THE ATTORNEY OR BANKRUPTCY PETITION PREPARER WILL DO FOR YOU AND HOW MUCH IT WILL COST. Ask to see the contract before you hire anyone.

The following information helps you understand what must be done in a routine bankruptcy case to help you evaluate how much service you need. Although bankruptcy can be complex, many cases are routine.

Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents called a Petition, Schedules and Statement of Financial Affairs, as well as in some cases a Statement of Intention need to be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you will have to attend the required first meeting of creditors where you may be questioned by a court official called a "trustee" and by creditors.

If you choose to file a chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a chapter 13 case in which you repay your creditors what you can afford over 3 to 5 years, you may also want help with preparing your chapter 13 plan and with the confirmation hearing on your plan which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than chapter 7 or chapter 13, you will want to find out what should be done from someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only attorneys, not bankruptcy petition preparers, can give you legal advice.

| Date | August 28, 2018 | /s/ Catherine Maldonado    |  |
|------|-----------------|----------------------------|--|
|      |                 | Catherine Maldonado Debtor |  |
|      |                 | Joint Debtor               |  |
|      |                 | /s/ Ned Mazer              |  |
|      |                 | Ned Mazer                  |  |
|      |                 | Attorney for Debtor(s)     |  |